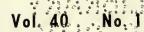


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About our cover . . .

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THE JOURNAL OF SOCIAL HYGIENE

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A Toast to Tomorrow

As the American Social Hygiene Association enters its 40th year its board and staff are taking an appreciative look backward and a creative look ahead. Those who came before us built enduringly and resiliently... to meet yesterday's challenges.

Today, though we can look with satisfaction at the success of ASHA's antiprostitution activities, its board and staff cannot be complacent about retrenchments in VD control. These the nation must approach warily, we say, lest VD rates threaten an upsurge.

Today too, ASHA turns a strong searchlight on the need for family life education, looks critically at its own present efforts to help meet that need, and takes a new approach. With a grant of \$300,000 from the Nancy Reynolds Bagley Foundation we are launching a long-term project aimed at assisting teachers in integrating sound materials on family life into the elementary and secondary schools and into the curricula of teachers' colleges. It is our hope that by helping to enrich—with sound basic material progressively presented—the everyday curriculum of the child who goes to school, we shall be contributing notably to his development into a mature adult.

As our first regional pilot projects succeed, we are confident we shall obtain additional funds to achieve nation-wide coverage within 10 years.

But only by analyzing honestly and searchingly what needs to be done and what the American Social Hygiene Association is able to do can ASHA hope to accomplish its purpose—to foster the highest standards of personal and social morality. With our principles firm and methods fluid we shall not fail to respond creatively to the challenges that lie ahead.

Why VD control programs must not be relaxed

Philadelphia states its case

by John William Lentz, M.D. Michael J. Burke Gustav Gumpert

A rapid and disorganized reduction in funds and effort to control a communicable disease may lead to the undetected growth of a public health hazard. This is especially possible if, as in the case of the venereal diseases, we have not yet developed adequate immunization techniques. As an editorial in the July 14, 1951, issue of the Journal of the American Medical Association indicates, experience and theory suggest that if in the immediate future we relax our efforts to control the venereal diseases, they will become more prevalent.

In public health programs with measurable returns, the health officer must be alert to the significance of change in reported incidence of a disease. The incidence of syphilis and other venereal disease has exhibited a tendency to reach what we call the maintenance level, a statistically observed phenomenon that varies with the disease, the population and many other factors. This level, however, is not a floor below which it is impossible to lower the incidence of a disease. As the maintenance level is approached, control costs per case become increasingly higher . . . even when total costs are reduced.

When incidence begins to exhibit a definite leveling off, we must review and reallocate control expenditures and reappraise our problem. We must decide whether it is best to try to reduce the incidence of venereal diseases still further by redirecting our program or to reduce the effort and expenditure to a point sufficient to continue the maintenance level of incidence.

In Philadelphia, the basic maintenance control level for syphilis has been set at one case of reported early syphilis per 5,000 population. By the end of fiscal 1952, twenty-one states had already reached this point. Although, as shown in table 1, the number of cases of early syphilis in Philadelphia is now three and a half times that figure, we have considered plans for changes in the allocation of funds and in the emphasis of our program when the 1:5,000 level is reached.

We have defined basic maintenance control level for gonorrhea in Philadelphia as 10 cases per 5,000 population. As table 2 shows, the reported incidence of the disease in 1952 was twice that level.

TABLE I

Number of Cases of Early Syphilis Reported to the Philadelphia Department of

Public Health

A Comparison of R	e per 5,000 P	opulation
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	At I	Rate per		
Year	Number	5,000 Population		
1945	2812	7.1		
1946	4846	12.2		
1947	5893 ·	14.7		
1948	4176	10.3		
1949	3676	9.0		
1950	2417	5.8		
1951	1677	4.0		
1952	1490	3.5		

Two primary misconceptions are prevalent regarding reductions in efforts to control venereal disease . . .

- The first is that the venereal diseases are declining rapidly, that their treatment is effective, and that they will disappear naturally in the course of years. According to this view, ably refuted by Dr. E. Gurney Clark in the September, 1950, issue of the American Journal of Syphilis, Gonorrhea and Venereal Diseases, it follows that we are justified in reducing our efforts to control venereal disease at present.
- The second misconception arises from an arithmetical illusion based on (a) the assumption that today's cost-per-case will be tomorrow's cost-per-case when incidence declines; or on (b) the failure to realize that increased cost-per-case is a mathematical inevitability of diminishing incidence and that budget cannot be cut in direct proportion to the decline in incidence.

Epidemiological considerations

The first misconception results from a vague understanding of the venereal diseases, their method of transmission, and the psychological and socioeconomic characteristics of the persons who contract them. Considerations of the rate of increase or decrease in the occurrence of the venereal diseases are important in public health administration, as Dr. J. E. Moore made clear in a trenchant evaluation in the March, 1951, issue of the American Journal of Syphilis, Gonor-rhea and Venereal Diseases. These rates vary widely throughout the nation, as the editors of the American Journal of Public Health pointed out in the July, 1950, issue.

We can find no evidence that anyone has been successful in devising the mathematical formula which describes the growth or decline in the population of communicable diseases such as syphilis or gonorrhea. Epidemiological evidence demonstrates rather clearly, however, that the rate of increase is cumulative. The incidence of venereal diseases progressively gains momentum as the number increases, in a progression which may sometimes be geometric, so that a small pool of untreated cases ultimately results in a considerable reservoir of untreated (and actually unknown) venereally infected persons.

Those who believe that these infections will gradually decrease with the use of penicillin, and that control measures can accordingly be reduced, fail to consider the promiscuity of individuals who contract venereal diseases. Of 413 patients examined in Philadelphia, 133 (32.2%) had previously been treated for gonorrhea. Of these 133 patients, 81 (19.6% of the total examined) were treated twice for gonorrhea, 29 (7.0%) were treated 3 times, and the remaining 23 (5.6%) were treated 4 to 11 times.

Those who view the decrease of syphilis and gonorrhea as assured should consider the impact of military mobilization. In those countries where control efforts were relaxed during World War II, the results were ominous as we can see in the July 15, 1950, issue of the *Journal of the American Medical Association*. Once postwar control measures were instituted, the havoc in terms of morbidity and mortality became obvious.

Sweden, for example, unavoidably relaxed its venereal disease control program during World War II as Tottie indicates in the sixth issue, 1950, of Acta Dermato-Venéreologica. By the end of the war Sweden's syphilis rate was approximately five times as high as in 1941. In 1949 it was still more than twice the prewar level. The number of cases of gonorrhea more than doubled during this same period.

TABLE 2

Number of Cases of Gonorrhea Reported to the Philadelphia Department of Public Health

ican of Rato per 5,000 Population

20.5

		Rate per				
Year	Number	5,000 Population				
1945	2230	5.6				
1946	5374	13.5				
1947	8047	20.0				
1948	8824	21.7				
1949	9429	23.0				
1950	8046	19.4				
1951	7743	18.5				

8664

1952

TABLE 3
Cost of Finding Early Syphilis in Philadelphia 1945 to 1952

Year	Number of Cases	Total Budget	Cost per Case		
1945	2812	\$214,120	\$76.15		
1946	4846	313,855	65.17		
1947	5893	354,962	60.23		
1948	4176	394,918	94.57		
1949	3676	342,498	93.17		
1950	2417	374,750	155.05		
1951	1677	430,230	256.55		
1952	1490	345,837	232.11		

International conditions at present suggest that military mobilization will continue. It seems probable that there will be an international transfer of the spirochete and gonococcus from persons living in or emigrating from portions of the world where venereal disease control programs are nonexistent or relaxed to persons living in areas like the United States.

Budgetary considerations

We can refute the second misconception by a careful analysis of the cost of venereal disease control. Difficulty arises principally when efforts are made to estimate future costs. Some administrators determine the current cost-per-case by dividing the total cost of the program by the total number of reported cases. Then, to set up budget requirements for the future, they project the trend of the disease, determine the number of expected cases, multiply this by the present cost-per-case, and arrive at a budget total. This method is incorrect.

In Philadelphia, for example, the cost of finding and treating each new case of syphilis in 1952 was \$232.11, as we show in table 3. This cost is based on the current budget and the 1,490 cases of early infectious syphilis reported last year. The cost data cover various services to these patients . . . treatment and diagnosis, epidemiology, laboratory services, and health education.

Actually, the cost-per-case does not remain constant as the reported incidence of infection decreases . . . on the contrary, it rises. Immediately following World War II, for example, when the number of new infectious cases in Philadelphia was three times the current number, the cost of care for each patient was \$60.23. Philadelphia will reach its maintenance control level at about 418 cases of early syphilis per year. One estimate, made by Dr. Norman R. Ingraham, Jr., in the April, 1951, issue of the Transactions and Studies of the College of Physicians of Philadelphia, of the cost of caring for each patient per year at this control level was \$447.91. His calculations are based on the cost of VD control for x number of persons involving y theoretical expenses, and are not based on cost-per-case as currently calculated. They do not, of course, allow for fluctuations in the value of labor, materials and currency due to economic inflation or deflation.



Frontiers and oceans cannot contain venereal disease.

Although Dr. Ingraham's exact criteria for determining theoretical expenses at some future time are not explicit in the reference cited, it is understood that they are based on standard ratios of public health personnel to total population and to infected population, and represent a theoretically ideal situation. In view of the tendency for economic values to alter, it perhaps would be better to define the basic maintenance program in terms of the personnel, labor and materials required to render adequate service to a given population, rather than to express it in dollars.

Thus, according to Dr. Ingraham's calculations, when we reduce the case load from its present level of 1,490 cases per year to the maintenance control level of 418 cases per year, we may reduce the budget—not to 25% of the present total annual expenditures (as would be suggested by consideration of the case load allowance alone)—but to about 45% of the present total (or from \$345,837 to an estimated \$144,627 per year). About 60% of the expenditures essential to venereal disease control will be taken up by health education, case-finding and epidemiology.

From this it may be concluded that budget allocations for venereal disease control are not based on cost-per-case, but rather on the estimated cost of maintaining an adequate preventive and therapeutic program. The measure of this "adequacy" and the precise criteria for conveniently expressing it should be empirical enough to be of value to health officers throughout the nation. Unfortunately, these clearly defined criteria, to our knowledge, have not been established, largely because the standard ratios of personnel, labor and materials to total infected population have not been analyzed sufficiently.

It is generally clear, however, that as the number of cases declines we shall have to devote much more effort and money to education, case-finding and contact-tracing for each person known to be venereally infected. The *health officer may miss this fact, because of its apparent contradictions, if he forgets that changes in emphasis become necessary as we progress from a program that treats to a program that prevents. The health officer is forced to intensify his efforts in prevention to protect gains already made. The cost of detecting disease is apparently less than the cost of preventing it.

Other considerations

In addition to the two principal lines of argument advanced so far against relaxing our efforts to control venereal disease at this time, there are other considerations, some of them forcefully expressed by Dr. T. J. Bauer in the July, 1949, issue of the *Journal of Venereal Disease Information*.

- To date our VD control programs have been directed primarily at syphilis... but gonorrhea still ranks first on the list of communicable diseases reported. In Philadelphia, gonorrhea led the list of reported diseases from 1947 to 1951, ahead of cancer, measles, chickenpox, syphilis, mumps and diabetes. Only in the last two years has there been an awakened interest at federal, state and local levels in the gonorrhea control problem. This phase of VD control must be evaluated further.
- If to curtail our VD control programs means to relax our epidemiology and other case-finding efforts, administrators will not be aware of the increasing prevalence of the venereal diseases, since these infections tend to remain hidden unless health authorities make specical efforts to uncover them.
- If public health people decrease their efforts to control VD, private physicians and medical schools are likely to follow suit. If the index of suspicion declines among patients and physicians large numbers of cases will remain untreated... and swell the pool of undetected infection.
- Research into the clinical, laboratory, psychological, epidemiological and therapeutic phases of venereal disease control will fall behind as funds are cut.

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John William Lentz, M. D.

In Philadelphia, we have made no plans to relax our efforts to control venereal disease. With the decrease in reported incidence, however, we—as our health department's recent annual reports indicate—are shifting our emphasis:

- By expanding epidemiology . . . hiring, training and using lay investigators in a coordinated unit to intensify case-finding and contact-tracing, particularly among patients with lesion syphilis and gonorrhea.
- By establishing epidemiologic liaison with local military establishments.
- By expanding educational activities, particularly in areas where venereal disease is highly prevalent.
- By setting up a project to study gonorrheal and nongonorrheal (possibly venereal) urethritis, and to evaluate the psychiatric, sociologic and socioeconomic problems of persons infected with gonorrhea.

Conclusion

If we relax our efforts to control venereal disease now, we may expect a perniciously gradual and almost undetectable increase in venereal infection among Americans. We would not notice this altered trend for two or three years, and we then would not be able to reverse it quickly or casily.

We're planning to marry, Doctor

by Charles L. Bigelow

This article was originally published as a monograph by the Los Angeles Venereal Disease Council.

To many people a physical examination before marriage is merely a way of determining whether a couple has syphilis. True, this narrow interpretation fulfils the letter of the law . . . but assuredly not its spirit.

And it is with the spirit of the law that we are here concerned. For if the physician secs in the premarital examination a unique opportunity to build for the future—and to reduce domestic tension, divorce, promiscuity and venereal disease—he will not fail the young people who come to him in the hope of achieving a happy, well-adjusted family life. If he fails his patients, they may well fail each other.

Here in California, as elsewhere, physicians have learned to recognize four main categories of patients who come to them for premarital examinations—

- Well-informed young people who have been prepared by family, school and church for the adjustments ahead.
- Totally unprepared individuals whose lack of information has fostered many fears and silly misconceptions.
- Sophisticates, confident of "knowing all the answers" and really knowing very few.
- Emotionally unstable patients who because of deep-seated fears and conflicts obviously need psychiatric care.

Brides and bridegrooms in the first three groups, who are normal, can be helped by every physician who is kindly and has an understanding, healthy attitude toward sex and marriage. He can start them on a happy marriage. His insight (and perhaps his patients' replies to a few well-directed questions) will show him the amount and kind of guidance individual patients need.

What they may say they need or want has little bearing on the matter. For example, patients in the first category usually know enough to ask intelligent questions. Those in the second and third categories, on the other hand, suffer from different forms of ignorance. They consequently ask for the least help when they need the most . . . as is to be expected, and they may be the very patients with whom the doctor has the least rapport.



Out of family, church, school emerges a happy marriage.

Yet both the tongue-tied and the tongue-in-cheek will respond to the doctor who is sincerely trying to help them. His effort will create a relationship that did not exist before.

Common sense a requisite

Nor is there anything very complicated about the effort the physician is called upon to make. He is simply asked to apply his own good sense to the whole range of problems that face the about-to-be-married.

That the medical profession wants to play this larger role is apparent from the many requests for information which the Los Angeles Venereal Disease Council has received. In fact, during three important medical conferences in Los Angeles in one three-month period marital counseling was discussed in some detail at well-attended sessions.

Not every speaker stressed all the ideas put forth below, and we do not suggest that every doctor adopt them all. It will be enough if we stimulate serious thought on how a physician, at the time of the premarital examination, can aid a young couple in adjusting to married life.

California law provides that every man and woman applying for a license to be married in the state must submit to the county clerk a health certificate signed by a physician. The form states that the doctor has examined the applicant and that, in his opinion, "this person is not infected with syphilis or is not in a stage of this disease which may become communicable to the marital partner." Although the law is concerned only with syphilis, there is no better occasion than the premarital examination to check the spread of gonorrhea. The physician can detect dormant infection from standard tests, which he should include when he sees the need.

Non-venereal threats

Probably not more than three patients in a hundred have a venereal disease in an infectious stage, but many more suffer from other ailments that can be just as detrimental to an intended marriage. Malnutrition and secondary anemia can lead to sterility . . . metabolic diseases such as diabetes and hyperthyroidism can result in complications at childbirth. It is therefore essential that the physical check-up be complete, including a history of past illnesses, blood count, chest X-ray, urinalysis and other tests recommended by the American Medical Association for periodic health examinations. Anything less would be unfair both to the patient and the intended mate.

A complete physical examination allows the doctor in many cases to give his patient a clean bill of health . . . and this has much greater meaning than negative findings on a few isolated tests. For all-round good health is a positive fact, a tremendous asset to anyone entering marriage—and the knowledge of it does much to build self-confidence. On the other hand, if the patient's health is less than perfect, it is often possible to make corrections before the wedding. If not, the bride and groom will want to take each other's health into consideration in planning their future life together.

In stressing good physical health, however, the physician should not neglect the patient's ability to adjust emotionally to marriage . . . to sex, to children, to parents, religion, money, friends and recreation. If the couple do not consummate their marriage emotionally as well as physically, they may eventually experience psychosomatic disturbances that once developed are extremely difficult to cure.

It is perhaps unfortunate that the ostensible purpose of the premarital examination is to detect syphilis. For the majority of brides-to-be know little of the physical aspects of sex and regard the very idea with fear and superstition. Prospective bridegrooms are generally more experienced, but are rarely conscious of the full emotional significance of sex. The examination can therefore be a constructive experience, giving new concepts and understanding of the adjustments ahead. Or, improperly handled, it can be so painful and traumatic as actually to increase the possibility of an unhappy union.

The physician's attitude

The determining factor is the way in which the doctor uses his position of authority to set the tone of a discussion of the sex aspect of married life. When his attitude is serious and respectful, he reflects his recognition, as a member of the medical profession, of the importance of the interpersonal relationships of sex. Scrupulously refusing to introduce or condone any levity in the examination, he elevates the subject to a high plane in the patient's thinking. His manner



It's not too soon to talk about children.

leaves the patient relaxed, less fearful and better able to create a healthy pattern of sexual adjustment.

It is only when the patient is in this relaxed frame of mind that the physician can learn the number of misconceptions he has to overcome. Victorian ideas of how "nice people" should act and react are still being drummed into our youngsters. And just as harmful as these false standards are the frightening tales many young people hear from their mothers and grandmothers about the agonies of childbirth a generation or so ago. A mind confused by such real or fancied horrors can develop psychological frigidity if not helped in time.

Even when the bride and groom have a proper approach to sex, their first attempts at physical union may be so clumsy and frustrating that permanent maladjustment will result. The danger of this is very real, for sex education today is not always adequate. Some premarital clinics have found three out of four girls either uninformed or misinformed, and prospective husbands are not much better prepared. Fortunately, there are a lot of sound publications which explain the mechanics of sex more fully than the doctor may be able to do in the course of an interview.

What the doctor can perhaps do better than the printed page is to explain the true meaning of the marital relationship. He may want to begin by stressing that the sex urge is a normal hunger expressing the physiologic need for activity of the reproductive organs, and that the pattern of releasing this tension can develop many rich emotional and spiritual values.

He should point to the constructive satisfactions . . . the excitement, the adventure, the joys of achievement, of being desired, and even of consolation and comfort. The affectionate caresses which precede the union, and the relaxation



Romance . . . and realism.

and feeling of oneness which follow, combine to give a greater sense of security. All these can motivate greater loyalty, kindness and consideration, and they can bring about the emotional growth to greater responsibility necessary for parenthood.

Children are a normal goal of happy marriage, and at the time of the premarital examination patients want to be assured that they are capable of becoming parents. They should discuss frankly their plans for rearing a family. If circumstances force them to postpone these plans for a year or so, they will be relieved to know there are safe, harmless ways of spacing their children. And should their religion forbid the use of mechanical devices there is the rhythm method of regulating childbirth.

Spiritual values

Although the physician is not primarily concerned with the spiritual development of his patients, he should recognize that they will need religious as well as medical help in adjusting to marriage. A church wedding is less important than a church life following the ceremony, for worshipping together can give the couple new strength and new security. Studies show that families in which husband and wife do not attend church are twice as liable to break.up as those in which both pray together.

Married happiness calls for realistic planning and often for very close budgeting. Young couples who believe that love is all that matters will learn the contrary. Usually such people have experienced sudden infatuation, know very little about each other and are actually in love with the idea of being in love. Starry-eyed romanticism of this sort is easy to detect, and the doctor will do well to caution any patient who is suffering from it . . . for an ill-advised marriage, however brief, can leave emotional scars.

While the doctor cannot really advise his patients on subjects far removed from his field, he is usually able to see the need for further counsel and to refer them to the marital counseling services that are made available . . . by practicing physicians and psychiatrists, recognized churches, schools and public agencies. Some offer complete counseling services . . . others specialize. There are still not enough to meet the need, but counseling courses recently begun in several universities promise a growing number of qualified services in years to come.

There can be no doubt that most venereal disease stems from promiscuity. Psychiatric studies have traced promiscuous behavior in turn to unsatisfactory relationships in the home. Most of the cases studied involve conflicts regarding sex, usually aggravated by physical, intellectual or emotional immaturity. Substandard housing and other environmental factors do not in themselves cause promiscuity, psychiatrists report. But they do heighten emotional conflict, of which promiscuity then becomes a symptom.

So to the extent that the premarital examination helps the patient adjust to marriage, it is eliminating the basic cause of venereal disease.

It is to be expected that patients living in substandard housing, under crowded conditions, will have a relatively high proportion of positive reactions to the serological test. Yet because it is well known that there are a number of false positive reactions, the physician should investigate a positive or doubtful serological test to avoid possible error. When the presence of syphilis is confirmed, treatment is always advisable, and it is mandatory when the disease is in an infectious stage, as the Venereal Disease Council's monograph, Ambulatory Management of Syphilis, makes clear.

To deny a certificate

To postpone a contagious syphilitic's wedding until he is cured is likely to create a problem. The doctor can ease the tension by offering to explain matters to the fiance in such a way that the intended mate will think in terms of future health rather than of past disease. The physician's sympathetic and understanding attitude does much toward rehabilitating the individual and salvaging the many fine qualities he may possess.

The doctor who finds it necessary to dony a certificate should tell his patient that he has a right to petition a superior court judge for an order compelling



Harvard graduate, psychology instructor at the University of Southern California and free-lance writer associated with a market research firm.

Charles L. Bigelow



Slums—a breeding place for conflicts.

the county clerk to issue a marriage license without a health certificate. The hearing may be private. The order costs nothing, but is issued only in extreme circumstances.

Regardless of the examination's outcome, the departing patient should carry with him pamphlets to take home and study. He will not readily remember everything his doctor has said, and he may want more detailed information than the doctor had time to give. The patient will see the printed facts in whatever light the doctor has discussed the subject in their conversation. The pamphlets thus become an extension of the doctor's discussion and never a substitute for this phase of the premarital examination.

Some of the best books and pamphlets for the lay reader are listed in the VD Council's "Recent Writings on How to Build a Lasting Marriage." We make copies available to physicians without charge for distribution to patients. Public libraries are also helpful in furnishing bibliographies and a wide range of books.

A number of personal problems may arise in the course of the honeymoon and early weeks of marriage, and not all of them will be covered in the publications the patient has. It is therefore a good idea at the time of the premarital examination to make an appointment for a follow-up interview. This will prevent procrastination in a period that is very crucial to the success of a marriage.



The Young Man and the Armed Forces

Fourth of a series of chapters from Preinduction Health and Human Relations, new curriculum resource for youth leaders by Roy E. Dickerson and Esther E. Sweeney.

For the Instructor

Much of the current restlessness of boys in high school and college can be dispelled by reviewing with them the purposes and provisions of the Universal Military Training and Service Act as amended (Public Law 51, June 19, 1951).

They need to understand their rights, duties and privileges under Selective Service. They should know the valid reasons for deferment and they should know what to expect after induction.

If possible, the high school should assign one teacher to maintain up-to-date information on all aspects of Selective Service, on training opportunities in the Armed Forces, on 'Reserve Officers' Training Corps requirements, etc.

The more precisely the student knows his place in the scheme of Selective Service the less he will feel apprehensive and at loose ends. Boys will gladly face their military obligations on a planned and thoughtful basis, especially if given intelligent guidance. They can then evaluate the advantages and disadvantages of enlistment, deferment, induction . . . to themselves and to the country. They can determine how best to fulfill their duties towards the nation and still gain the education, specialized training and vocational preparation that will make them useful, productive citizens.

References

- Universal Military Training and Service Act, as Amended, Packet No. 22, June 23, 1951. Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. Free.
- Armed Forces Talk No. 384, Why Quit Learning? September 14, 1951.
 Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 5¢. Yearly subscription rate for Armed Forces Talks (36 issues), \$1.50.

For Use with Students

A certain number of young men in every high school would normally continue their education in college. They should be encouraged to do so as long as they can.

Some have the mistaken idea that they will be looked upon as slackers if they go on to college. Yet the most patriotic thing any young man can do is to serve his government as it wishes to be served. Since Selective Service permits deferments for qualified college students under clearly defined conditions, it is proper to make use of the privilege.

Our government grants such deferments because it takes the long view of the world situation. Should the present tension continue for a very long time, the nation will continually need vast numbers of trained men. Of our situation General Marshall has said, "We cannot match the Russians in manpower. We must exceed them in training, skill and know-how."

We must have men trained in the sciences, business, the arts and professions. The country needs and will continue to need trained doctors, engineers, teachers, physicists and especially trained statesmen. In the main, they will get their training in colleges and universities.

Qualified students who go on to college are not evading induction. They are postponing their service to the country in order to give more valuable service when eventually inducted. But the privilege of educational deferment carries a concomitant obligation. Students have a duty to make the most of their opportunities by assiduous study. Otherwise, they are not playing fair with themselves or their country.

Class Discussion

- Is it in keeping with American ideas of democracy that a young man should be deferred either because of his status as a college student or his aptitude for college work?
- Is it good policy for the government to determine by tests whether a student now enrolled in college has the necessary aptitudes for completing college work? Should this determination be left to the college on the basis of the student's record?
- If the United States should become involved in an all-out war, educational deferments would probably have to be sharply curtailed. This would affect not only high school students about to enter college but also college students at any point in their academic careers. Should a young man risk interruption of his college training?

Enlist or Wait to be Inducted?

The question of enlisting or waiting for induction is heavily debated among young men today. One needs as many facts as possible on both sides of the question to make an intelligent decision.

A psychological factor that sways the judgment of many students is restlessness because they don't know precisely when they will be inducted or in which of the services they will ultimately serve. Some temporarily resolve their questions and uncertainties by enlisting.

Those who enlist often feel that they have settled things once and for all. A temporary feeling of peace and security follows. But if boys enlist hastily, they may later feel they have acted prematurely. This may affect their attitudes towards the Armed Forces.

There are advantages and disadvantages to enlisting, which should be known, thought about, discussed and analyzed.

Every young man needs to know the personal and patriotic implications in all the courses open to him . . . in enlisting, in asking deferment for college education, in taking a job until induction. He may need a mature, wise and patriotic counselor to help him make his decision.

Some young men think one good reason for enlisting instead of waiting for induction is that they can choose a "glamorous" branch of the service or one providing an easier life. Since there are no really glamorous or easygoing branches in the Armed Forces, very few men will be satisfied with their choice after a year or so of service, if they enlist with false notions about military life.

It is true that young men may feel drawn to one particular branch of the service for idealistic reasons. But they should understand that in enlisting in

that branch they cannot rely on getting the specific assignment they may want. The services are too complex and personnel requirements too variable and incalculable for each soldier, sailor, airman or marine to be permitted to choose exactly what he is going to do and where he is going to do it.

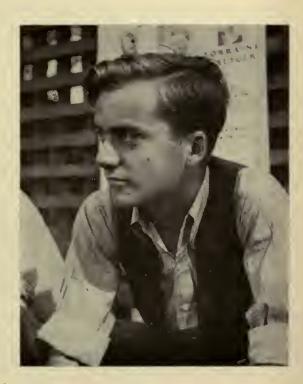
A young man will make a wise choice if he bases it on realistic considerations. For instance, the Army is larger than the other services not only in numbers but in the scope and variety of its operations. Naturally, opportunities for advancement are greater than in the other branches, where a man with a high school education or less may find heavier competition for fewer promotions.

Another mistaken notion is that three or four friends who enlist simultaneously will be stationed together for the duration of their service. They may be together for basic training but their chances of remaining together thereafter are small.

Most enlistments in the regular branches of the Armed Forces are for at least four years. Under Selective Service the requirement is two years.

After World War II many servicemen experienced sharp conflict between their intense desire to return to civilian life and their obligation to complete their term of enlistment.

Students will do well to think about the length of time involved in enlistment and that involved in induction.



Restless? He wants concrete information about the services.

Students should not accept casual advice and opinion about either enlisting or waiting for induction. They themselves should decide what to do after realistically considering all sides of the question.

Class Discussion

- What advantages do you see in enlisting in the Armed Forces?
- Is service in the Air Force more adventurous than service in the Army or Navy?
- Does the Army offer greater variety of assignment than other branches of the Armed Forces?
- Does a deferment because of poor health involve any personal responsibility for the man so deferred?
- If an educational deferment involves other obligations besides a serious approach to study, what are they?

The Long View of Selective Service

Students should realize that so far as one can now see practically every young man will spend part of his life in service to his country in one way or another. He should accept it as part of ordinary living, just as he accepts the fact that by state law he must attend school until he reaches a specific age.

The time a man spends in military service is only a small payment for the privilege of living in freedom in this country. A clear understanding of the nature of the struggle between the free world and the slave, between democracy and communism, is a guide to clear thinking about the duty every man owes to the defense of the nation.

Class Discussion

- Is there validity to the argument that a national defense program invites trouble with our enemies?
- Does the North Atlantic Treaty Organization deter an invasion of western Europe?
- Has Selective Service advantages for young men other than educational opportunities and vocational preparation?
- Does the United States, because of its position of leadership in the production of atomic weapons, need fewer men in the Armed Forces?
- Do young men actually owe a duty to their country? Why?
- What do you think daily life in America would be like if communism were to defeat democracy?

Many students today have adopted the attitude "eat, drink and be merry, for tomorrow we'll be drafted." They need to realize that a period of time in the Armed Forces is not their whole life and that they still can and should plan their careers and their lives.

It is true that when the call comes, young men have to drop what they are doing and serve their country. Later they must return and take up where they left off.

Taking up where they left off is not easy. But it would be no easier if their activities were interrupted by illness or by some unusual family situation.

Right now it is important for every young man to accept without anxiety the fact that military service, although it interrupts normal civilian life, does not interrupt life itself. On the contrary, military service can be a wholesome and integral part of a man's life. As a wise military leader has pointed out, "Time spent in the Armed Forces can be viewed as part of the inclined plane up which youth travels towards their ultimate aims and goals."

Class Discussion

- Do you think the government is taking your time or that you are giving it when you are inducted?
- Does the likelihood of induction justify a young man's putting off planning for his career and his future? Would a tendency to put off planning indicate generally poor planning habits?

Continuing One's Education in the Armed Forces

If a young man enlists or is inducted before he finishes school or college, there are many opportunities for him to continue his education in the Armed Forces, and appropriate officers in his branch of the service will discuss them in detail with him. But it will help him if he realizes before he enlists or is inducted how and where he can obtain further education and if he knows that the services will encourage his spending as much time as possible in learning.

Education is a broad term. It includes what one learns in school. It also includes all one learns informally and even casually from day-to-day experience.

A serviceman's opportunities for continuing his education are many. He picks up considerable knowledge of the world about him casually through his own initiative and keenness of perception. He clarifies and deepens his ideas through Armed Forces talks, chaplains' lectures and other group discussions. He gains both theoretical and practical training in specific military tasks. And he can pursue formal education on his own initiative.

Informal Education

Those who have taught veterans testify to the breadth of the information they brought to the classroom. Freshman English teachers in colleges have been particularly enthusiastic. The soldier, sailor, airman and marine developed their knowledge as they met people from different parts of this and other countries, as they visited historic spots and as they read the many books made available by Special Services in all branches of the Armed Forces.

The serviceman of today finds that stimulating discussion groups and forums are conducted by the services themselves and by the USO and other agencies. The Armed Forces' Information and Education Division also provides a tremendous quantity of thought-provoking material for commanding officers' talks and discussions with men.

Wise use of off-duty time adds greatly to the casual and informal education of the serviceman. Lectures, art exhibits, library exhibits, educational film showings and discussion groups are usually open to service personnel in every community. Chambers of Commerce have booklets and brochures about places of historic or technical interest. USO staffs can suggest many educational opportunities in communities near military installations.

Training for Military Occupations and Specialties

The Army alone conducts nearly 400 schools to train personnel for military occupational specialties. While this training is for specific purposes, its broad



Who said one service is more glamorous than another? educational implications are especially valuable for those planning to limit their academic education to high school.

One can learn more about specialized military training in U.S. Army Pamphlet 20-21 and the U.S. Army School Catalogue (especially the index beginning on p. 155) and in similar materials published by other branches of the service.

Formal Education

The Armed Forces operate three programs for formal education in a variety of subjects, usually taught in civilian technical schools and colleges. One can obtain college credit for many of these courses.

Group Study

There are formal classes at most posts, bases and stations. Groups of 10 or more servicemen who are interested in the same course may request that it be given at their installation.

The Army and Air Force alone have more than 500 education centers—300 in the United States and almost 250 overseas—with over 2,000 instructors and over 70,000 students.

This instruction is given at no cost to the student.

United States Armed Forces Institute

It costs the serviceman \$2.00 to enroll in USAFI, the largest correspondence school in the world. At no further cost he may take courses as long as he is in the service unless he fails to complete any course for which he enrolls. After discharge he may complete any course begun while in the service.

Civilian colleges and universities cooperating with the United States Armed Forces Institute give more than 5,000 university correspondence courses. The student enrolls with USAFI, but has all his correspondence with the staff of the university itself. The university, not USAFI, grants the credit.

• Civilian School Program

During his off-duty hours, a serviceman may take courses at any accredited college near his installation. The Armed Forces pay most of the cost. Frequently, classes are conducted on the post through special arrangement with a college or university.

A student who may wish to go on to college after service should communicate with the college he wishes to attend regarding courses he is taking in the service so that credits may later be accepted by the college.

While educational opportunities in the Armed Forces are great, they are of course optional. A serviceman can waste time or use it to maximum advantage. The choice is his.

Class Activities

- Panel of servicemen to discuss the educational and vocational opportunities they have found valuable in the Armed Forces.
- Panel of servicemen to discuss the casual and informal education they gained in the Armed Forces.

Classification and Assignment in the Armed Forces

Shortly after his induction or enlistment every serviceman has an interview with a classification specialist. This interview, plus the results of various tests, enables the classification specialist to determine the kind of job for which the man is most suited. Every prospective serviceman should understand the importance of the classification interview, since it may largely determine the course of his military career.

The classification specialist discusses with each new serviceman such matters as his educational background, jobs, hobbies, preferences, interests and aptitudes . . . anything, in fact, that will help determine where the young man may serve best.

During the interview there is no need for false modesty. This is the time for the new serviceman to talk frankly of his achievements in any and every field. If he played football, debated, received scholastic awards or was elected to club or class offices he should be sure to let the interviewer know.

Intelligent young people who know the various opportunities open to them in the services will be able to tell the interviewer what they are interested in and what type of assignment they desire. While the Armed Forces cannot give every man the exact assignment he desires, there are few organizations in the world today where the task of classifying and assigning personnel is undertaken more carefully than in the Armed Forces of the United States.

The opportunities open to all young men in the service and the possibilities for personal growth and development are not only great but constantly increasing.

Class Activities

- Invite a classification specialist from a nearby military installation to talk to the class about the methods used in classifying and assigning Armed Forces personnel.
- Have a student panel discuss the things in their own backgrounds that they feel are important to discuss with a classification interviewer.
- Have a reporter from the school paper or magazine interview a classification officer at a military installation.

Self-Realization in the Armed Forces

The Armed Forces of the United States offer all young people opportunities for self-realization. No branch of the service welcomes robots or automatons. Within the framework of necessary discipline, regulations and reasonable physical regimentation, our military leaders encourage men and women to live the fullest possible lives, to act as responsible individuals and to develop their personalities.

Many young people feel that once they're in uniform they'll lose their identities and become mere numbers. They are afraid that individual initiative will be frowned upon and that they will be expected to spend their off-duty hours either in organized recreation on the post or in organized activities with civilian groups nearby.

It is true that the Armed Forces do work vigorously to develop good leisuretime activities for service personnel. It is equally true that more and more communities near military installations are striving to offer good times in good company through USO's, churches, home hospitality, etc.

These positive, productive and useful ways to spend one's off-duty hours are essential to good morale, for nothing causes more trouble for the individual serviceman or woman than overpowering loneliness, boredom or feeling at loose ends. Moreover, a fair number of people anywhere—in the Armed Forces and in civilian life—have never learned the art of relaxing and playing and especially of planning how to use their leisure time. For those who depend heavily on recreation someone else plans for them, organized activities are important.

But organized military and civilian recreation should not deter an individual from making his own plans and finding his own ways of spending his off-duty time constructively and satisfyingly.

The young man or women who was a Senior Scout or a Scout leader back home will usually find that his services as a volunteer will be warmly welcomed by the civilian community. A good basketball, tennis or football player may find that the Boys' Club near his installation is delighted to have him do some part-time coaching.

Because they are willing to bring a little joy to the lives of hungry, sad-eyed youngsters wherever they find them, members of our Armed Forces have become dearly loved by children in foreign lands. Servicemen and women have a gift for getting along with youngsters. Their talents are needed and wanted in communities all over our own country.

There are innumerable things young people in the Armed Forces can do to escape that feeling of being just a number. Workshops in photography, dramatics, stage design, creative writing, crafts, etc., are to be found in almost all colleges and universities. They provide many absorbing off-duty pleasures.

Many service people use their three-day passes (or even leaves if they cannot go home) to join university field trips to historical sites or to go on archeological, geological, botanical or ornithological field trips.

There are 1,001 ways in which using initiative, making inquiries and exercising self-direction will reward the serviceman or woman and will offset feelings of regimentation or loss of identity in the new and crowded world of the Armed Forces.

Young men and women need to realize that not all self-realization comes through self-directed activities. Although on-base recreation and much community recreation is planned activity, it can be valuable even for the most independent person.

Actually, many people who pride themselves on their ability to entertain themselves are encouraging their own self-centeredness and missing chances of functioning as social beings in a social world. Furthermore, the only opportunities of hearing good music, of seeing certain sports events and of going to dances with charming and pleasant young hostesses may be those provided by the military, USO's and other community groups. One can miss a great deal of fun by a policy of rugged individualism.

Balance in the use of free time is essential for everybody. Sometimes one wants to follow a particular bent towards self-expression in a fairly solitary way. Sometimes one wants to have a good time with the crowd. Each is necessary for rounding out one's personality . . . each is necessary for mature living in which there is balance between self-interest and group interest.

Class Activity

• Have each member of the class list five things he would look for or inquire about in order to plan the best use of his leisure time in a new community. Have the results tabulated and discussed by the class.

Class Discussion

- Name 10 things one can do to dispel loneliness in a new and strange place.
- What would you do if you were squelched when you started to make inquiries about workshops or other activities in which you are interested?
- Do men and women make better members of the Armed Forces if they have a number of personal interests which they pursue in their off-duty hours? Why?



Religion
marriage
politics . .
they swap
ideas.

Being Valuable in the Lives of Others—by Ideas

One of the most valuable things for a young person to realize—whether in the Armed Forces, business or school—is that his influence, the force of his ideas, is of the greatest importance in group living.

This doesn't mean that he should pontificate or attempt to impose his ideas upon others.

It does mean that young people who have convictions should not be afraid to express them and that they should realize in so doing they may be of genuine help to other young people who are confused or uncertain.

It means that a young man or woman who regularly attends religious services can, when opportunity affords, invite a friend along.

It means that a serviceman or woman can open a world of ideas and activities to a fellow serviceman or woman by a simple invitation to come along for a lecture, a photography club session, a good play or movie or a family picnic with a friendly host and hostess.

It means that sound ideas—about politics, world affairs, religion, boy-girl relations, marriage and family life, morality or social responsibility—are worth disseminating. One may stimulate a whole new attitude, a whole new approach to life, in the person with whom one talks, debates or discusses.

Being Valuable in the Lives of Others-by Example

Most important of all, however, are the values a young person can bring into the lives of others by the example he sets. Thus he makes his own life more meaningful and useful. It isn't enough to have principles and convictions and a good sound point of view. One must show the depth of one's convictions, the strength of one's principles, in how one lives day by day; in how one acts in situation after situation, big or little; in how one stands by what he believes even when the going is difficult.

It isn't necessary to weigh each action in terms of good example. That way lies self-consciousness and, quite possibly, priggishness. Actually, most people never know how much or how little they influence other people. They simply try to live the best lives they can. If their example is of value or if it fails altogether, they still know they are doing their level best.

Being Valuable in the Lives of Others-by Friendships

Servicemen and women can do a great deal to realize themselves through the qualities they bring to their friendships with other servicemen and women.

People joke about shipboard and summer resort friendships. Almost everyone has experienced the "lifelong friendship" which grew out of shared travel on a holiday and which evaporated after the journey or vacation. Such friendships are, in the main, products of brief acquaintance and lack the foundations of day-in-and-day-out sharing of work and play, common experiences, hardships and pleasures. Naturally, they have relatively little chance of lasting.

But in the Armed Forces servicemen and women have many opportunities of really getting to know one another and over a period of time of developing genuine and enduring friendships.

People realize themselves, as human beings, in the qualities they bring to relationships with friends. Interest in a friend's welfare, in his interests, in his development and success . . . all these make one a finer person. In the give-and-take of friendship, in the two-way demands friendship makes on wisdom, patience, tolerance and understanding, human beings find some of the highest expressions of their humanity.

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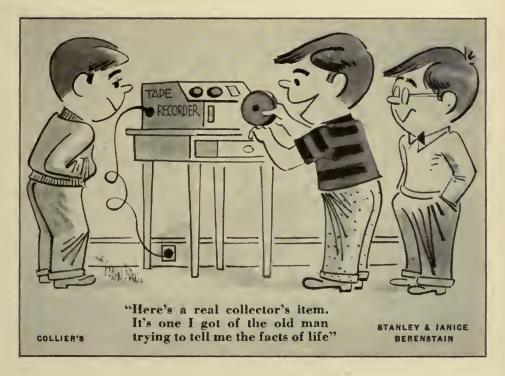
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Pigafetta and Alupalan in the **Philippines**



Ferdinand Magellan

Did Magellan find VD there?

by Walter Clarke, M.D.

Antonio Pigafetta, scholar and patrician of Venice, Knight of the Order of Rhodes, age 39, while at the Court of Charles I of Spain with the papal legate, learned that one Ferdinand Magellan, a Portuguese soldier and navigator then in the service of His Spanish Majesty, was about to set out on a westward voyage to find a way to the Spice Islands, part of the East Indies. Pigafetta decided to join him "to see the world and have it said of him by posterity that he had a part in that great adventure." He obtained many letters commending him to Magellan and set out in the summer of 1519 for Seville, where the little fleet of five ships was being prepared for the journey.

Little is known about Pigafetta, who wrote the best and fullest account of one of the greatest adventures of all time, a history second in importance only to the journal of Christopher Columbus. The little we know about him we deduce from a study of his account of the first journey around the world.

He was fearless, as indicated by his volunteering for a journey that had well known hazards. He was a good fighter; otherwise he would not have been at the Admiral's side in the skirmish that cost Magellan his life.

He was an objective reporter with insight into the minds not only of his comrades on board the ships, but also of the savages and primitive people he encountered during the voyage. Again and again he went ashore alone and unarmed to study the natives along the coast of South America, Terra del Fuega and in the East Indies. Possessing the superstitions of his time, he reported as fact tall stories related to him by the denizens of the strange lands he visited.

And he was one of only 21 men who accomplished for the first time in history the voyage around the world. Afterwards he retired to his home in Italy and to such profound obscurity that he was never heard of again. Even the date of his death is doubtful.

Magellan—a misty figure

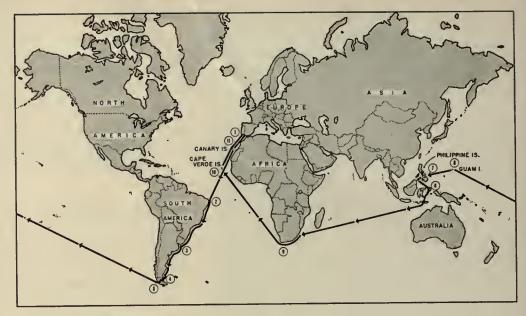
Not much more is known about Magellan . . . so little that one of his biographers complained that although information about Magellan's ships is recorded in painful detail—"down to the last nail"—about the great navigator and soldier we are uncertain even as to the place of his birth. Supposedly he was born in a remote part of Portugal in 1580—the same year as Pigafetta—of an old and noble family.

He apparently spent a part of his youth at the Court of the Portuguese king, John II, "The Perfect," as page to Queen Leonor. As a young man he served his king in India, and he made an expedition to the Moluccas or Spice Islands about 1515. In these and other services he was thrice wounded and crippled for life.

After a falling out with the Portugese king, Manuel, he left Portugal and went to Spain, where he presented to King Charles V a great new idea—to sail westward to the Spice Islands and so outwit and out-trade those hated rivals, the Portuguese, who had for many years controlled the eastward route around the Cape of Good Hope and across the Indian Ocean to the East Indies.

Las Casas, famous Spanish chronicler, saw Magellan at the Spanish Court. He had a handsome sphere on which were indicated the known lands and seas of the earth—and some from his own imagination—and the route he proposed to follow across the Atlantic to South America, around that continent and then across the Vast Ocean, as the Pacific had been named by Balboa. Las Casas wrote: "This Ferdinand de Magellan must have been a man of courage and valiant in his thoughts and for undertaking great things although he was not of imposing presence because he is small in stature and did not appear in himself to be much."

The fleet of five ships—the *Trinidad*, the *Conception*, the *San Antonio*, the *San Diego* and the *Victoria*—had great difficulty in recruiting crews, for the pay was small and by this time it was generally realized that these voyages of exploration were loaded with dangers and hardships. When the ships finally put out to sea on September 20, 1519, they were manned by 268 or 270 men from many European countries, the greatest number Spanish and Portuguese.



The first voyage around the world

Of Magellan's fleet of five ships only the Victoria circumnavigated the earth. She sailed 49,887 nautical miles. The Victoria's itinerary:

- (1) Sailed from Sanlucar, port of Seville, September 20, 1519.
- (2) Sighted the coast of South. America at Pernambuco, November 29, 1519.
- (3) Followed the coast and entered the River Plate, February 6, 1520.
- (4) Continued along the coast to the eastern entrance of the Strait of Magellan, October 21, 1520.
- (5) Entered the Pacific Ocean, November 28, 1520.

- (6) Arrived at Guam, March 6, 1521.
- (7) Arrived in the Philippines, March 16, 1521.
- (8) Sailed from the Spice Islands, December 21, 1521.
- (9) Rounded the Cape of Good Hope, May 6, 1522.
- (10) Arrived at the Cape Verde Islands, July 9, 1522.
- (II) Arrived at Sanlucar, September 6, 1522.

Only one surgeon, Bachelor Morales, joined the expedition, and he unfortunately left no record of his observations. He was doubtless too fully occupied to write a diary, for the king had charged him and Magellan not only to provide free medicines and care equally to friend and foe encountered during the voyage, but also to prevent the crews from having sexual intercourse with the native women of countries visited. What became of Morales history does not reveal, but he did not return to Spain.

A traitor in the midst

Among the men on board was one Malay slave who served as interpreter when the expedition reached the Philippines—an indication that the Filipinos' language was closely related to Malayan—and who at Cebu betrayed and caused the death of many of his comrades.

Magellan reached the Rio Plata on February 6, 1520. He explored the broad estuary until he was satisfied that it did not supply a means of reaching the Vast Ocean. By the time he was opposite the site of present-day Montevideo he would have realized from the muddy waters that he was on a great river and he could have seen as travelers do today the mountains in the distance.

Leaving the Plata, he sailed south along the coast of South America to St. Julian Bay where with an iron hand—for he had power "of rope and knife" over the crew—he suppressed a mutiny which gravely menaced the expedition. At St. Julian Bay the San Diego was wrecked and her crew distributed among the remaining ships. Magellan named this part of South America Patagonia, meaning the land of people with big feet.

On October 21, 13 months after sailing from Spain, the expedition arrived at the Cape of Ten Thousand Virgins, the entrance to that tortuous, often narrow and hazardous strait, bordered by snow-capped mountains, which bears Magellan's name. They were 38 days traversing the 360 miles of the strait, tacking back and forth, dodging rocks, often making no progress for days at a time in the bleak and windy weather. One of the ships, the San Antonio, deserted and sailed away toward Spain.

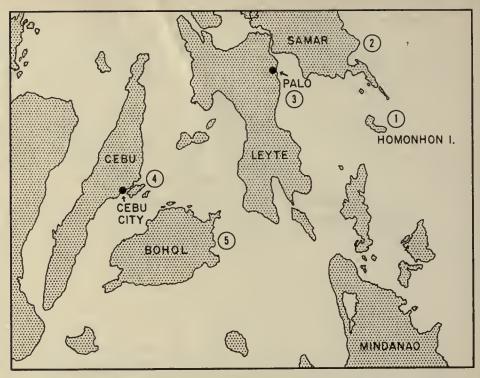
On November 21 the masters and pilots of the three remaining ships, frightened and discouraged, conferred with the Admiral. Many wanted to abandon the undertaking, but Magellan was determined to go on and persuaded his comrades to continue "for a little longer."

One week later they rounded Capo Deseado—the Desired Cape—and before them was the broad water of the Vast Ocean. To the south was the bleak land Magellan called Terra del Fuego—the "Land of Fire"—because they could see many fires burning there at night.

Taking heart, the adventurers on board the *Trinidad*, *Conception* and *Victoria* sailed on west by northwest. The sea was so calm and friendly that Magellan called it the Pacific Ocean. For three months they sailed, sighting en route only two barren rocks. They exhausted their fresh water and their food except for a few weevily biscuits. The crews, reduced to a diet of rats, cowhides and sawdust, were sick with scurvy.

They reach the Philippines

At last on the 98th day, March 6, 1521, Magellan sighted the Mariana Islands, and landed at Guam. Because the natives stole everything they could lay hands on, including anchors, ropes and even nails out of the ships, Magellan called these islands the Ladrones or Thievish Islands. Hurriedly they revictualed



Where the drama leading to Magellan's death and the flight of the Spaniards was played out.

- The Spaniards first touched Philippine soil on the little island of Homonhon.
- (2) Samar Island.
- (3) Palo on Leyte. A few miles inland is a yaws treatment center.
- (4) Cebu City on the island of Cebu. Mactan, where Magellan was killed, lies a few miles offshore.
- (5) After Magellan's death the Spaniards burned one of their ships at Bohol.

and repaired the ships and on March 9 they pushed on westward. On March 16 lookouts sighted land again . . . this time the southern end of Samar, most easterly of the archipelago Magellan called the St. Lazarus Islands and later named for the Spanish king, Philip II—the Philippines.

A few brown men in small boats with outriggers came out from Samar to meet the Spanish ships, but as they seemed unfriendly and his men were not in condition to fight Magellan chose to land at Homonhon, a small island 20 miles south of Samar. Here for a few days the sick crcw rested and recuperated. This historic island off the shore of Leyte is visible from the white crescent beach where a later hero—General Douglas MacArthur—made good a promise to the Filipinos.

Magellan did not tarry long on Homonhon but pushed on around the southern end of Leyte, past the island of Bohol to Cebu, a town of several thousand Filipinos on the great island of the same name. Here the voyage of Magellan and many of his comrades ended. Since the Admiral had already visited the Moluccas or Spice Islands, approaching them from the west, and since the Moluccas lie east of the Philippines, he had now circumnavigated the earth—the first human being to accomplish that feat.

So the first white men came to the Philippines. So were established between Europe and the Philippines commerce in culture, goods and disease—the two-way highway over which has been exchanged during the following 432 years much of good and ill.

• • •

Since all work and no play makes a professor a duller boy, I seized every opportunity while serving as a Fulbright professor at the University of the Philippines to pursue an innocent hobby—the investigation of the history of syphilis and its near-relative, yaws. I spent many hours trying to entice old Spanish documents and older Filipino anthropologic specimens to reveal whether, before the first Europeans came to the Philippines, syphilis or yaws or both had preceded them. When I met scholars possessing special knowledge that might contribute to my amateur research, I passed huge parcels of their information through my sieve to garner even a few clues. When I journeyed about the islands I detoured to points of historic interest, hoping to encounter some spectre of the past who could be seduced into revealing significant secrets.

So it was that one hot October morning in 1952 I set out, with two Filipino friends, from Cebu—now second largest city of the Philippines—to visit one of the world's most historic spots. In an old motor vessel we crossed the channel separating the large island of Cebu from its small neighbor, Mactan Island. From an ancient port village on Mactan a decrepit Ford took us four or five miles to the northwest shore of the island. We approached our destination along a dirt road lined with tall coconut trees and bamboo thickets. The sea was close by on our left.

A tablet to Lapulapu

Ahead we could see a modest monument of grey stone and just beyond it a small wood building open toward the monument. The building sheltered an unpretentious bronze tablet. The monument commemorates the death a few feet from this spot of Admiral Ferdinand Magellan, first man to circumnavigate the earth, discoverer of the Strait of Magellan and of the westward route from Europe to the Philippines and the East Indies, first European to set foot on the Philippines, christener of the Pacific Ocean, second only to Christopher Columbus as an explorer and navigator.



The tablet in the little wooden shelter honors the local Filipino chief, Lapulapu, who here on May 27, 1521, killed Magellan while resisting the efforts of the Admiral to Christianize him and subject him to the chief of Cebu. The tablet credits Lapulapu with being the first Filipino to spurn foreign domination.

History has insufficiently honored Magellan in giving his name to the strait which he first traversed. Lapulapu's name is borne by a large toothsome fish frequently adorning the finest tables in the Philippines, hut whether the fish was named for the chief or the chief for the fish, history does not divulge. Ironically impartial, the two memorials face each other 25 feet apart honoring on the same spot the killer and the killed.

Only a few days hefore his futile death in a foolish skirmish Magellan had arrived at Cebu City with his three ships and his sick, half-starved crew. Here he planted a cross confidently claiming the land and the people for Christ and Charles V of Spain. His priests celebrated mass in such splendor that 800 Cebuans joined their chief in becoming Christians and proclaiming their allegiance to the Spanish king. Whereupon Magellan ordered all the chiefs of the neighborhood to renounce their heathen gods, accept the true faith and the blessings of Spanish rule and acknowledge the chief of Cehu as their overlord. Most of them docilely complied. Only Lapulapu refused. He said that he saw no reason why he should now become subject to the chief of Cebu whom he had always regarded as his inferior.

The chief of Cebu was prepared to cope with Lapulapu, but Magellan, preferring to subdue the balky chief himself, hoped to establish the superiority and the prestige of the Spanish and their religion. At midnight on May 26 with 60 men, he went in three small boats to Mactan. Arriving near Lapulapu's headquarters at the northwest end of the little island, he sent word to the chief to surrender or "learn what Spanish lances could do." Lapulapu replied that he too had some lances but he asked Magellan to delay his attack until daylight as he, Lapulapu, expected reinforcements.

Fortunately Magellan did not fall into this trap and attack immediately in the dark, for Lapulapu had dug pits around his camp and planted pointed sticks in them. The Admiral waited until dawn. Then seeing menacing moves among

the Filipinos he decided to attack. As his boats could not be beached because of an offshore reef, Magellan and 47 of his men began wading ashore waist deep in the water. Twelve men remained in the three boats. Where the sea lapped the sandy shore they were met by great numbers of Filipinos furiously fighting with spears, clubs and rocks. They overwhelmed the Christians and beat them back into deeper water.

He fell dead

Seeing how the fight was going, Magellan ordered a retreat to the boats. Thirty men succeeded in reaching the boats, but for Magellan it was already too late. The Admiral, lame and not physically a powerful man, was recognized and cut off by the Filipinos. Pierced by spears, beaten by clubs and stones he fell into the water and died fighting an unimportant foe almost within sight of his objective, the Spice Islands. Seventeen of his men died with him.

Pigafetta, who fought beside Magellan but escaped, wrote: "They killed our mirror, our light, our comfort, and our true guide."

Lapulapu's men seized the Admiral's body and bore it away. They refused afterwards to give it up even in exchange for great rewards, so that no one knows to this day where Magellan's remains were buried if indeed they were given that slight mark of respect.

When the Spaniards returned to their Christian chief at Cebu, they were met by treachery planned by the Malay slave who had served as interpreter. The Cebuans arranged a feast to which were invited the three leaders chosen to command in Magellan's place and other important men of the ships' company. In the midst of the feast the Cebuans fell upon and killed many of the Christians, including Serrano, one of the commanders. They renounced Christ and Charles V and, wrote Pigafetta, they broke into small bits the cross planted by Magellan on their soil.

Alarmed, the Spanish withdrew to their ships and sailed away to Bohol. Here, short of men to sail three ships, they burned one, the *Conception*.

The remaining ships—the *Trinidad* and the *Victoria*—sailed on. After numerous landings in the Philippines, Borneo and other islands, they reached the Spice Islands. There they loaded the ships with cloves and after more adventures they separated . . . the *Trinidad* to sail back through the islands and across the Pacific to New Spain or Mexico, the *Victoria* to follow the well known Portuguese route across the Indian Ocean, around the Cape of Good Hope and up the west coast of Africa to Spain.

The *Trinidad* was seized by the Portuguese before she could escape the Spice Islands and her fate is unknown. Her crew was imprisoned in the Spice Islands and later in India. Eventually four of them were brought in chains to Portugal, where one died in prison. Only three of them finally returned to Spain eight years after their original departure.

One ship soiled home

After dreadful ordeals the *Victoria* finally arrived at Seville on September 8, 1522, with only 18 men out of the 60 who had sailed from the Spice Islands, and "the majority of these were sick." The others had died of starvation and disease or for crimes or had deserted or been captured by enemies. Wrote Pigafetta, "On Tuesday, September 9, we all went in shirts and barefoot, each holding a candle, to visit the shrine of Santa Maria de la Victoria" (patron saint of their ship) to give thanks, as well they might, for being numbered among the few who had survived the first voyage around the world.

Only one ship, the Victoria, and 21 men in all returned to Spain out of five ships and 268 men known to have been on board when they put out from Seville.

Pigafetta says he was surprised when he arrived at Seville to find that he was one day behind in his count of the days of the voyage. He had not yet heard of the international date line where one loses a day on crossing westward. But he would have been even more surprised had he gone with me, the day before I visited Mactan, to see the great church at Cebu. There, enshrined in a glass case, is a fine wooden cross. The legend on the case says that this is the very cross planted by Magellan at Cebu 432 years ago!



Memorial to Lopulapu morking the spot where he killed Mogellon.

Monument to Mogellon close to Lopulopu's memorial tablet.



This then is the story of Magellan's voyage to the Philippines, where I too journeyed some 400 years later . . . to help solve public health problems as a Fulbright professor. Here I sought to find the answer to the question—Did Magellan and Bachelor Morales find syphilis among the Filipinos? You recall my mentioning that Charles V of Spain charged them to prevent the crews from having sexual intercourse with native women.

In the next installment we shall find that it "was an impediment if any (Filipino) girl were a virgin when she married" at the time Magellan arrived on the islands. We shall find too that there is yaws or alupalan on the islands today. But shall we find any evidences of syphilis on the islands when Magellan arrived there?

(to be continued)

Selected bibliography

The Philippines, by E. H. Blair and J. A. Robertson. Cleveland, Arthur H. Clarke, 1907.

(This stupendous work—55 volumes on the history of the Philippines from 1493 to 1803—contains excellent translations of all the known important old documents from both secular and ecclesiastical sources, including those mentioned in this article. The fascinating account of the first voyage around the world is contained in volume 33. Another brief account by a scholar who did not make the journey, M. Sylvanus, is found in volume 1.)

The Philippine Story, by David Bernstein. New York, Farrar, Straus, 1947.

The People of the Philippines, by Herbert W. Krieger. Washington, D. C., Smithsonian Institution, 1942.

The Life of Ferdinand Magellan, by F. H. H. Guillemard. New York, Dodd, Mead, 1890.

Treponematosis, by E. H. Hudson. New York, Oxford University Press, 1946.

The Philippines, by Charles B. Elliott. New York, Bobbs-Merrill, 1916.

The First Malay Republic, by George A. Malcolm. Boston, Christopher, 1951.

The Philippines and the United States, by Garel A. Grunder and William E. Livezey. Norman, University of Oklahoma Press, 1951.

The Social Cancer (Noli Me Tangere), by José Rizal, translated by C. E. Derbyshire. New York, Philippine Education Company, 1912.

(This book by the greatest hero of the Filipinos became the "Uncle Tom's Cabin" of the revolt of the Filipinos against the Spaniards.)

Just a few months ago I passed my fourteenth birthday. My parents thought I was a bright youngster. They didn't notice me much, and let me do pretty much as I pleased if I didn't make too much noise or annoy them.

When we had visitors, I was politely introduced and then had to listen to their usual remarks . . . "My, what a nice looking boy" or "How tall he's grown!" (The second remark has been repeated since I was two.) Often they would ask me some silly question. They knew the answer, but they thought it their duty to make conversation.

Now those natural remarks irk me. Maybe it's because I'm not a kid anymore. I'm not a man either. I'm an in-between 14.

My parents are awed by the fuzz on my face and my few pimples. Did they think I'm immune? After I wash my face, they still think it's dirty. Either they try to be overly nice to me, or are quite annoyed at the least mistake I make. They are always yelling at me to stand up straight.

Dad and Mother have to ask me time and time again to do some little thing. I hear them the first time, but I don't answer because my thoughts won't allow me to. I think of the future and what part I shall play in it.



Girls don't especially interest him, but he looks at them.



For two years this paper lay ripening in a desk drawer. David Pressman is a high school junior and a French horn enthusiast of concert stature. Now he's 16... and likes it.

Some people would have me believe that the years to come will not be too happy... that I must look forward to war and destruction. This should not be. What can be done to prevent it? Many brilliant men are working toward an answer. "What can I do? What shall I be?" They are my thoughts when I am interrupted and told to hurry and get a pound of butter and a quart of milk.

She can't make up her mind

Ma says I often act like I know it all, yet she tells me not to have an inferiority complex. She wants me to get out more, but when I do go out she wants to know why I didn't stay home and study. She often asks me questions about the things I do in school and away from school, and I resent her interference. I didn't a few months ago.

What is happening inside of me? I really know that my parents worry about me and want me to be happy.

Mother and Dad are considerate and have much patience, but they do not know nor understand the turmoil that goes 'round a 14-year-old boy's brain. I'm still a child because I like to shoot caps and ride my bike and play baseball. Yes, I'm still not quite through that stage. I look at girls and really see them now, although I'm not too terribly interested. My parents say I'm childish for using a water pistol and shooting caps, yet are annoyed because I am not interested in going out with them.

I wonder what it's like to be 15.

Have You . .

Renewed your ASHA membership?

Renewed your subscription to the JOURNAL OF SOCIAL HYGIENE?



by Elizabeth B. McQuaid

Health Teaching in Schools, by Ruth E. Grout. Philadelphia, Saunders, 1948, 1953. Rev. 354p. \$4.25.

For teachers in elementary and secondary schools, this second edition of a popular reference book supplies an answer to the dilemma of "what to do about health."

Vividly written sections help teachers in "meeting needs" and "making health meaningful"—phrases that get everybody's lip service.

How to avoid repetition, how to plan a unit on health, and how to plan with pupils are set out in a new chapter which strengthens and reinforces the chapter on planning for school health. How to use problem-solving methods in teaching health is also a feature of the new edition. The author has added a chart showing developmental changes that occur as a child progresses in school and many fresh examples of school practices in different parts of the country.

The book discusses sex adjustment for every grade and suggests teaching activities. Instead of avoiding this issue, or only touching on it generally, the author includes biological bases of health and stresses integration of content in sex education and preparation for marriage at appropriate spots.

From her long experience in education and public health the author reports the latest national trends in health education—in both public and private agencies—as they relate to schools.

Katherine Rahl
American Social Hygiene Association

Women and the Variety and Meaning of Their Sexual Experience, edited by A. M. Krich. New York, Dell, 1953. 317p. 35¢.

The 26 contributions that make up this volume, introduced by Margaret Mead, constitute a companion piece to the soon-to-be-published pocketbook on men.

Names like Ellis, Deutsch, Hamilton, Dickinson are bylines for chapters on the sex impulse, prepuberty, youth and sex, potency, childbirth, mother-hood, homosexuality, prostitution, the menopause and love. There are a glossary and an index.

Marriage and the Family in American Culture, by Andrew G. Truxal and Francis E. Merrill. New York, Prentice-Hall, 1947, 1953 (rev.). 587p. \$7.65.

This second edition is largely concerned with the middle-class, white, native-born, urban family in the United States, and will be most acceptable to the highly trained and intelligent in this group. The integrative description of the Christian church and religion in relation to the American family is well done and documented. Missing is an equally penetrating analysis for Jewish family life. This would have profound significance for sex and social hygiene because (as interpreted by Dyan Grunfeld of London) strong marriage bonds, even in second marriages following divorce, are more important than romantic ideals of family life.

This family textbook, like most others in the United States, explains so well what is, by emphasizing that "culture never does anything . . . it is more accurate to speak of cultural behavior." We are told, "For generations, young men and women in America have chosen each other." Again, this is a description of the past rather than guidance for the future.

The social hygiene movement in America needs a Richard H. Tawney to show us the way to lasting marriages. All our textbooks stop short of this forward look.

> Merton D. Oyler Ohio State University

Women Needn't Worry, by Lena Levine, M.D., and Beka Doherty. New York, Random House, 1952. 198p. \$2.75.

The content of this popularly written volume, consonant with the title, covers the physical, mental and emotional aspects of the menopause. The authors attempt to dispel fear of this period and to indicate how its various changes can be dealt with so as to avoid serious personal and family complications. "The menopause is as natural as the onset of menstruation" is a key statement which sets the tone of the book.

Women are divided into four groups: the well-adjusted who can be described as "mature"; those not well-adjusted but not "neurotic" who manage to get along fairly well; those really sick, including the mentally ill in need of medical care, with underlying worries aggravated by the menopause; and those seriously ill, including mild psychotics, "eccentrics," and other difficult personalities. It may perhaps be hard for the average lay person to draw a distinction between the last two groups. This volume can be of help to the first and second groups, especially to the latter, as well as to relatives of all women in the middle years.

Dr. Jacob A. Goldberg
New York Tuberculosis and Health Association

All in the Family, by Rhoda Bacmeister. New York, Appleton-Century-Crofts, 1951. 298p. \$3.00.

A pleasant, easy-going successor to Mrs. Bacmeister's Growing Together, winner of the Parents' Magazine Gold Medal Award for 1947, this book for parents discusses small, everyday family problems—how to avoid them, how to solve them. Some chapter headings are "Brothers and Sisters," "Parents as People," "Head of the Family," "Housekeeper or Homemaker?"

It tells what other parents have done in a given situation and how things worked out. "You can't learn what to expect of your children by just reading a book. Children are not stamped out by the dozen with a cookie cutter," Mrs. Bacmeister warns.

She finds that the modern family pattern gives boys and girls and men and women more latitude in pursuing their own talents regardless of sex, and father enjoys a deeper acquaintance with his family now that he has a 40-hour week.

At first the advent of the new baby may have a disruptive effect, but in time the mother will come to realize that her husband exists too, the father will get over his fear of the baby's fragility or his occasional jealousy of the newcomer . . . and things settle down. It takes years of ripening for a marriage to yield its richest rewards.

Making Your Marriage Succeed, by Theodore F. Adams. New York, Harper, 1953. 154p. \$2.00.

Credit a Baptist minister with a sense of humor and wisdom to use it. His book contains a fair reflection of the humorous as well as the serious aspects of home life from birth through the various stages of growth up to the threshold of the eternal home. The author has been revising this material over a period of 25 years as a series of Sunday evening sermons. He has the rare gift of conveying to the reader a feeling of personal interest.

There are ample tests assembled from social hygiene and family relations authorities for each stage of growth . . . especially the periods of puppy love, engagement, marriage, maturing mutuality. The author discusses planned parenthood and sex relations in married life in a Christian setting, and he includes a useful section on the difficulties of marriage between people of mixed religious faiths.

A person of any age, 14 to 70, will find the book easy and enjoyable reading, filled with suggestions as to how he must work, both before and during marriage, to make his marriage succeed.

The Rev. Fred G. Scherer Salem, Ore.

The Second Sex, by Simone de Beauvoir. Translated and edited by H. M. Parshley. New York, Knopf, 1953. 732p. \$10.00.

The reader should understand, from the beginning, that Mme. de Beauvoir is neither a medical nor a social scientist. She is a litterateur and a philosopher of the existentialist school, although she differs gravely in outlook from its latter-day saint and prophet, Sartre. The Second Sex must be read as a literary work . . . Mme. de Beauvoir protests the many grievances the male has inflicted upon her sex, and like Macbeth she can sleep no more until she tells her story.

Her thesis is deceptively simple. In relation to men, she writes, women have been forced to occupy a secondary place. She thinks the reason for this is that women lack concrete means for organizing themselves into a unit that can stand face to face with the correlative unit. Women have no past, she insists, no history, no religion of their own; they have gained only what men are willing to grant; they have taken nothing, have only received; because men have controlled the ways and means of making a living, women are second-class citizens, second-class human beings. This control over their lives and livelihood has in turn vitiated sexual relations between men and women, Mme. de Beauvoir contends.

How then is woman to be liberated from the jail of a man-made and man-controlled social structure? For Mme. de Beauvoir the answer is simple: once she ceases to be a parasite, the system based on woman's dependence crumbles . . . between her and the universe there is no longer any need for the masculine mediator.

The key to the status of women, according to Mme. de Beauvoir, is motherhood. It is motherhood that dooms women "to man, to children, to death." It is the child-bearing process and marriage (described as "a complex mixture of affection and resentment, hate, constraint, resignation, dullness and hypocrisy called conjugal love") that have placed invisible manacles upon women and thus have blighted their intellectual and artistic development. To paraphrase Rousseau, woman is born free and everywhere she is in chains.

An impassioned partisan of her cause, the author makes superb use of literature and philosophy to document her thesis. Her use of history and political theory is somewhat naive when one considers her apologetic acceptance of the Soviet Union and the 1936 constitution. She tends to overemphasize the sex factor in the history of civilizations and understates the role of political and social forces. Although she tries hard to speak above the culture peculiar to our time, she represents—by her very intensity if nothing else—the hostilities present in mid-twentieth century life.

The book must be read . . . if only because one will disagree violently with its premises and rather old-fashioned conclusions. One must read it because it is stimulating and eloquent. Because of Mme. de Beauvoir's

wit, insight and sensitivity, her book well serves as a corrective to those which try to reduce mankind to a statistic or force him into an intellectual straitjacket.

J. B. Hoptner New York City

Sex Ethics and the Kinsey Reports, by Seward Hiltner. New York, Association Press, 1953. 238p. \$3.00.

The avowed purpose of this Pastoral Psychology Book Club selection is "re-thinking the Christian view of sex in the light of the Kinsey studies." It has involved a prodigious amount of detailed study of the two Kinsey reports, an amazing marshaling and coordinating of material in them and an extraordinary capacity for producing a carefully thought-out, well-written, full-length book in a very short time.

The author is a nationally known theologian, a member of the federated theological faculty of the University of Chicago. He deals at length and in detail with Biblical views of sex, other views of sex in Christian history, Kinsey's view of the Christian view, a contemporary statement of the Christian view of sex, and some implications of the Christian view today.

For the reader without a theological background the analysis is difficult to follow. It is clear, however, that the author's conclusions about the nature of sex in human life coincide with the social hygiene viewpoint. He holds that since man is a whole being, sex behavior which "serves the fulfillment of man as a total being" is sound. He points to the desirability of "a sex life linked permanently to a life of affection."

Dr. Hiltner gives the impression of accepting Kinsey's data and conclusions without taking into account the widely and authoritatively recognized inadequacies of the sample, the data's "distortion in the direction of exaggeration" (as Dr. John Dollard of Yale University puts it), and the basically unsound assumptions upon which Kinsey proceeds. Dr. Karl Menninger's review in *The Saturday Review* has so decisively dealt with these assumptions that one could wish nothing better than to be able to quote from it here at length.

Chief among them . . .

- Sex behavior that is natural for the lower animal is also natural for what Kinsey is pleased to call "the human animal"
- Frequency of occurrence is equivalent to normalcy
- Sex behavior can be evaluated largely by counting orgasms, without regard to love.

The word *love* is hardly mentioned by Kinsey and is not listed in the index. It is strange to find Dr. Hiltner speaking so positively of the linking

of sex life permanently to a life of affection and yet failing to stress how Kinsey's different approach bears upon the interpretation and acceptance of his data and conclusions.

Dr. Hiltner makes a unique and stimulating contribution in his discussion of existing attitudes toward sex . . . the child-of-nature attitude, the respectability-restraint attitude, the no-harm attitude, the romantic, the tolerant, the personal-interpersonal. Here is original, creative thinking, must-reading for anyone seeking the fullest insight into the interpretation of human sex behavior.

So are his conclusions as to the challenge of Kinsey's findings in showing the extent to which the soundest views of sex "fail to be significantly reflected at any level of the American population." In this respect he says, "Kinsey is, however unintentionally, an altar call to repentance." To that I can heartily subscribe, not as a theologian, but as a social hygienist.

Roy E. Dickerson Cincinnati Social Hygiene Society

The Social Welfare Forum, 1953. New York, Columbia University Press, 1953. 365p. \$5.00.

Of necessity incomplete, this book of the proceedings of the 80th annual meeting of the National Conference of Social Work includes papers under three broad categories—social work's stake in today's issues, services to individuals and families, and services to agencies, groups and individuals. Under the second category are three papers of peripheral interest to social hygiene workers, "Family Life in Our Society" by Kimball Young, "Strengthening Family Life through Social Work" by M. Robert Gomberg, and "The Family as a Psychological Unit" by Irene M. Josselyn, M.D.

The Last Word

We are pleased to announce that the Nancy Reynolds Bagley Foundation has made a grant to the American Social Hygiene Association of a minimum of \$100,000 each for 1954–5–6 for the development of our program in personal and family life education. Continuance of the grant in 1955 and 1956, as well as any additional amount to be made available, is subject to satisfactory progress being made.

"The American Social Hygiene Association is grateful to Mrs. Bagley and to her Foundation's board for having made available funds with which the Association may initiate a long-term project in family life education," Conrad Van Hyning, ASHA's executive director, said. "We believe the positive benefits that will come from this program will be of immeasurable value in strengthening family life and in preparing young people to live happy and useful lives."

In developing the program ASHA will stress the inclusion of appropriate education for personal and family living in the curricula of elementary and secondary schools and teachers' colleges. Plans provide for pilot demonstrations on a regional basis, first with teacher preparatory schools and then with elementary and secondary schools.

Project funds will also be used to conduct research on now-operating programs in family life education and to expand ASHA's work with other special-interest groups concerned with and participating in this type of education. These include churches, national youth-serving agencies and other social and health groups interested in particular aspects of the development of children and youth.





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About our cover . . .

Social hygiene cross-section. Second of a new series of Journal covers.

Harriett Scantland, Editor Elizabeth McQuaid, Assistant Editor

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A national investment in health

History is beginning to repeat itself . . . once more a highly effective VD control program is in danger of being curtailed to the point of futility. If proposed cuts in federal appropriations for venereal disease control go through, these funds will have been reduced—in only two years—by 76%. Individual states, in turn, are reducing their appropriations to a point where VD rates may soar as they did after World War I.

Adequate federal support of state VD control programs is essential . . . for no state can stand alone against the spirochete and gonococcus, long notorious for their lack of respect for state lines; the whole country benefits when the federal government assists those states that bear the heaviest part of the VD control burden; substantial funds are necessary to keep the incidence of VD at a minimum; even though it is up to the states to administer and largely to support adequate VD control programs, it is wise that the federal government retain responsibility for recording and analyzing the occurrence, distribution and effects of VD, for pointing out inadequacies in state programs, and for providing supplemental support to individual states.

The Association of State and Territorial Health Officers, the American Venereal Disease Association and the American Social Hygiene Association urgently call the attention of our fellow Americans and our government to the dangers inherent in a situation where the stake is the health and happiness of millions of people. Let us think twice before we jeopardize our national investment in VD control thus far and our excellent opportunity of bringing syphilis and gonorrhea to a less commanding position among communicable diseases.

Thomas B. Turner, M.D.

Member of the Board of Directors

American Social Hygiene Association

Newer approaches in selective mass testing

For more economical and efficient VD control

by C. S. Buchanan

Since 1945 Georgia has employed mass blood-testing as a major syphilis case-finding technique. In planning their initial county-wide survey, Georgia officials foresaw the economic wisdom, public appeal and public health benefits inherent in multiphasic testing. The first known survey of its kind in Savannah-Chatham county in 1945 combined a chest x-ray for tuberculosis and other chest pathology with the serologic test for syphilis.

In the Greater Atlanta survey in 1950, we offered—in addition to the chest x-ray and serologic test for syphilis (STS)—a blood sugar test for the detection of diabetes, a hemoglobin test for anemia, a dental examination, and a height and weight check. Since then we have continued to offer the chest x-ray, STS, blood sugar and hemoglobin tests. In these seven years we have tested on a purely voluntary basis about half the population of Georgia, and about 75% of the population between 12 and 60.

Early in our mass testing program we found the blood-test inadequate as our sole syphilis case-finding procedure. We added strong programs of public information and contact investigation, and used the three procedures collectively in our mass testing program. We determined at once that each of these methods complemented the others and that the three used concurrently and collectively greatly improved the effectiveness of our program.

A good record

We found that contact investigation used with mass blood-testing more than doubled the volume of primary and secondary syphilis cases we discovered. We found that intensive public information led to better response to our testing program and left a residual knowledge which has gone far toward popularizing public health in Georgia. To many Georgians, this was their introduction to public health. This program of public information, by making the people more aware of symptoms than they had been, led to a much higher percentage of voluntary reporting.

Our three procedures—STS, public information and contact investigation—are a state-wide practice among our communicable disease investigators, public health nurses and other personnel working apart from the mass survey team.

During the seven short years we have used these intensive case-finding procedures in Georgia—in conjunction with effective schedules of antibiotic therapy—our backlog of noninfectious (including congenital) syphilis has all but disappeared. Our attack rate is much less than it used to be. The so-called



Born in South Carolina and educated at Wofford College, he has been teacher, high school principal and health educator. He is now a preventable disease control executive of Georgia's health department and a USPHS venereal disease consultant.

C. S. Buchanan

minor VD's are no longer a major problem. The same case-finding procedures and the same antibiotic therapy have administered the coup-de-grace to the minor VD's.

Gonorrhea we still have with us.

In our early county-wide surveys in 1945 and 1946, approximately 18% of the cross-section of our population tested reacted positively to the blood-test for syphilis. Practically none was found to have had previous adequate treatment, and approximately 10% of the reactors had infectious lesions. Today, only 4% of the cross-section of our population tested react positively to the STS, less than 2% are new, untreated cases or treated cases in need of further therapy—and less than one in 10,000 is found to have primary or secondary syphilis. In miniature, selective surveys our communicable disease investigators, using two mobile units, find today about 10 times more primary and secondary syphilis and more than twice as much previously unknown and untreated syphilis.

As late as 1947 contact investigators brought to treatment less than 20% of our primary and secondary syphilis cases—and we located and examined fewer than 50% of our reported contacts. Today we locate and examine more than 85% of the contacts our patients name.

Contact investigators currently bring to treatment approximately 60% of our primary and secondary syphilis cases. These young college graduates, who have received special training in VD epidemiology and are vitally interested in their work, have successfully demonstrated that contact investigation specialists can effectively find cases of early infectious syphilis.

Analysis and change

When our daily patient load at Alto Medical Center dropped to approximately 75 patients, we found it necessary to close this 750-bed hospital since we can never again hope to fill its beds and maintain a syphilis caseload large enough to justify its operation.

In view of the past and present effectiveness of case-finding procedures and in view of our rapidly declining prevalence and incidence rates, we must evaluate our program and revise our case-finding and treatment programs according to current needs and demands.



Case-finding in taverns—no longer dependable.

With the closing of Alto Medical Center on September 30, 1952, it was obvious that we must ultimately return the diagnosis and treatment of VD to our local health departments. Very few of these departments are now equipped to do the job. We are setting up five outpatient diagnostic and treatment centers to serve those areas of the state without a local facility for diagnosis and treatment. These five centers are strategically located throughout Georgia, and patients from neighboring areas will commute by bus.

Since mass blood-testing on a county-wide basis is no longer productive of infectious syphilis nor of previously unknown and untreated syphilis of any diagnosis, we discontinued our mass survey program on November 25, 1952.

Our communicable disease investigators will continue to operate our two mobile units offering the same multiphasic tests as in the past in areas of suspected high incidence and prevalence until they have fulfilled present commitments. We could ill afford even this type of testing program if we were engaged in syphilis case-finding alone.

We have instructed our communicable disease investigators to return to the timeworn procedure of "rat row" testing and to forget about county-wide and community-wide multiphasic surveys as a method of finding syphilis. While we realize that this is not a new approach, our experiences at present lead us to recommend it as the only effective serologic testing program that will produce enough infectious syphilis to justify the operation. We feel this individualized and selective testing technique is still essential because of its complementary value to contact investigation.

Under present conditions contact investigation is a most effective case-finding procedure. As our attack rates continue to decline toward the point of control,

it is reasonable to expect that this technique will become more and more effective. In view of diminishing rates and diminishing budgets, we must think in terms of testing and dealing with individuals and their contacts and suspects rather than with the masses.

We in Georgia are convinced that our goal of syphilis control is within sight. We are further convinced that the days of our need for Alto Medical Center and the serologic testing of the masses of our people is past. We must now face the grim realities and apply our dollars and our efforts to those activities which will hasten with greatest economy and surest effectiveness the day of control.

Lest we sacrifice our gains

Today our greatest problem in accomplishing this aim is not syphilis but complacency. We recognize we must continue to fight with all our strength for years to come lest we lose the gains already made at so great a cost. We cannot control the incidence of syphilis through wishful thinking. We must continue to keep the vitally interested personnel needed to win the fight.

Infectious cases of syphilis and their contacts cannot be expected to gather in Duffy's tavern at nine o'clock on a Saturday night. Only the most effective methods can seek them out from among our total population. We cannot expect the T. Pallidum to read the press clippings of our remarkable achievement and call it a day . . . we may be sure that state lines, national frontiers and wide oceans do not constitute barriers to the T. Pallidum. So long as syphilis remains epidemic in any part of the world it is our problem and our responsibility.

The problem of controlling gonorrhea is still a challenge to all of us. We can and must apply our talents and our energies to this problem.

If our program of venereal disease control is to continue on an effective basis our federal, state and local governments must continue to give adequate financial support.

Finally, may I reiterate that complacency is the greatest obstacle between us and our goal? As sure as hell is hot, if we consider the battle won and permit ourselves to become complacent, we shall lose the victory now in sight.

Let the mothers in on it

Mother-daughter classes in family living

by Mrs. Margaret von Selle

As a parent turns to this page she may well think—"Haven't we heard enough about sex education? Surely there can hardly be anything new about this worn-out subject."

It's true we no longer need to argue about the rightness of teaching our children the truth about human reproduction . . . but experience shows we still have a vast number of parents who don't have the know-how, who are still completely floored when young ones insist on an answer to the simple question—"I know I came from your stomach, but how did I get there, Mommie?"

If parents have consistently evaded questions like this one, then they can expect a major disturbance in their relations with their nearly adolescent children.

As another parent turns to this page, she may object—"I thought this learning should be part and parcel of a child's life at home and in school." Let me admit here that in my career as a teacher of family life education to all types of adolescent girls in classrooms and youth groups I have always realized that my entrance into the picture as an interpreter of life is by no means the ideal solution for them. And so, with deep satisfaction I have watched the coming-up of a new crop of parents who are fully able to meet their responsibility adequately. They are young, enthusiastic, alert, well-educated and determined to do a good job with their children.

These, however, are still a very small and select minority... and the problem remains of helping the adversely conditioned mother and father as well as the teacher. How can we give them the necessary security and inspire them with that sense of mission which alone can give them the freedom and right to teach this most personal of all subjects?

The opportunity for a new approach in helping this group came to me quite accidentally. A smart and untiring mother consulted me as a counselor about some neighborhood children who had indulged in sex-play beyond the curiosity stage. She feared the effect of this experience on her nine-year-old daughter. At a loss to know how to meet the situation, she suggested that I teach her little girl. I pointed out that the individual, direct approach by a stranger might be more damaging than helpful to the child, and would be quite unnecessary in this case. Furthermore, this was not so much an individual as a group problem . . . there were other parents and other children involved who needed teaching.

On questioning the mother, I found that the little girl belonged to a Scout troop under excellent leadership. I realized that here might be my entreé. I suggested that I meet first with the mothers of the Girl Scouts and their leaders, who also had daughters in the troop, to acquaint them with my philosophy and get their approval. We scheduled this session on the regular meeting day an hour before school closed so that the mothers and daughters could meet for a joint one-hour class right after school.

When the day came all but two of the mothers gathered in the pleasant home of the leader. I had hardly finished a very satisfactory discussion with the adults when the little girls came hurrying in. We arranged to have them sit around me on the carpet, and their mothers took the chairs behind them. We spent three wonderful afternoons in sharing the stories of life and growth and love. An unseen bond grew around our "family" circle, as we were all about "Our Father's business."

Many pairs of eyes

I must confess that when I first faced this unusual audience, I was apprehensive about my own reaction to the eight pairs of mothers' eyes fastened on me. I wondered whether I could be sufficiently relaxed and at ease under the circumstances to focus all my attention on the children. But as I got ready for my approach, I was able to steady my nerves by remembering that whenever I had lectured to girls in the past their mothers had always been with me in spirit. There was only one difference in the present situation . . . the mothers had now become visible and were looking at me.

As I went along in the teaching and discussion, the girls did not seem to be aware of their mothers at all. From the start I had their complete attention and



full participation. It was delightful to sense the relaxed atmosphere. The girls responded with keen interest . . . and with reverence when we touched the deeper areas of thought and feeling.

Elated by the success of this experience, I was eager to make the same arrangements with other Girl Scout troops. In the course of time, I gathered some evaluations of their mothers' reactions and attitudes. They varied only in expression but never in appreciation. It is interesting to see how the mothers emphasized specific values gained through this novel approach. . . .

- "I think the plan of having mothers and daughters together and talking of human relations is very desirable. As a Girl Scout leader, I found in contacting the mothers that they were interested in receiving the same information as their children. It enabled them to talk to their daughters at the same level and also the daughters could talk to them more freely. I found this true in my own case."
- "The teaching is given in a manner which is within the grasp of the child's understanding. The mother's attending at the same time has a two-fold result: she is able to discuss the subject intelligently with her child because she knows the information the child has received and this in turn brings a closer relationship between the two."
- "Our Girl Scout group felt that teaching the mothers and daughters together was a great help. It made subsequent talks easier and more natural. The subject was presented from a spiritual rather than from a strictly medical point of view and with an ease that was an inspiration to mothers whose previous attempts had been inhibited and jumblingly inarticulate."

All this was most gratifying and gave me courage to venture further. From then on whenever I received a call from a school to give a course in family life education to 7th and 8th grade girls, I asked that the mothers be invited to participate in the discussions. In every instance school administrators responded immediately and enthusiastically to this new idea, and I could usually count on seeing four or five mothers in my classes besides the home-room teacher and other members of the teaching staff.

The older, the more self-conscious

Let me point out that these older school girls were far more aware of the presence of the adults than were the younger Scout groups. I therefore arranged that we would always have the last period to ourselves. The release is quite evident when mothers and teachers have left the classroom—the lid is off immediately and questions come hot and heavy. Only two girls out of three different groups have so far expressed any resentment about the arrangement. One

The Cincinnoti Social Hygiene Society's educational associate, she shares her family tree with President Charles W. Eliot of Horvard, one of ASHA's founders. Born in Germany, she received her education of Simmons and the University of Pennsylvania.

Mrs. Morgaret von Selle



suggested, "Have more time to ask questions without teachers and mothers around." The other said, "Have more time alone." Although this shows that the adults have an inhibiting effect on the older youngsters, I feel that the mothers gain so much that one might well put up with a little restraint on the part of the girls. The following statements from the mothers of 7th and 8th grade girls speak for themselves;

- "The most valuable feeling my daughter and I have received from the series is one of closer companionship. We have both achieved the ability and knowledge to discuss all phases of sex and its implications without embarrassment."
- "Very good, indeed. I could never express my thanks to you for explaining things to my daughter, who as I found out from questioning her, knew nothing or very little about the subjects you have so wonderfully discussed with the girls. It will help very much in the future to explain any questions to my daughter since we both heard the same teaching."
- "Thank you so much for asking the mothers to sit in on the lectures you gave the 8th-grade girls. I enjoyed them immensely. What a help and enlightenment these lectures would have been to me during my confused adolescent years! More power to you and to your good work."
- "As a foster parent I hope and believe it will help me to discuss the subject more clearly. Thus attending the same lectures has given me an opening for discussion with my daughter."

It may be argued that the percentage of mothers and daughters taught jointly in this fashion is so small that the whole plan is not truly effective in the school set-up. My answer to this would be that the opportunity is open to all. If the mothers will not or cannot avail themselves of it, at least the teacher has done

her utmost to create a setting that will meet the teen-ager's need for information and discussion as well as strengthen the relationship between mother and daughter.

The teacher a transient

Let us admit that the teacher is a passing figure, while the mother is permanent. The latter has to continue where the teacher leaves off. To encourage mother and daughter to join in the learning process is an attempt to bridge the gap between the two generations. We can well imagine mother and daughter eagerly getting into a discussion of some of the facts neither of them knew nor had heard of before they attend the course in family living. Their shared ignorance in this case may have a truly healing effect as it takes mother down from her authoritarian pedestal and at last gives daughter a chance to move up to the adult level and see her mother as a woman. Perhaps for the first time mother and daughter will go hand in hand in search of understanding, being drawn to each other in loving companionship, seeing and appreciating their own distinctive roles in the drama of human life and love.

The rewards

The mothers' evaluations give sufficient proof that this simple environmental manipulation—asking them to go to school with their daughters—can produce



I can talk now more easily with my daughter. very happy results. Is it not worth the effort the teacher must make to overcome her tension that is created by the presence of mothers during her teaching? There can be no doubt that the teacher will eventually gain a deep sense of security as she feels she's part of the "family." There is also great satisfaction in seeing our philosophy borne out . . . that family life education is a family affair.

The younger the better

But we must keep in mind that our time is limited. As girls get into high school they will be less willing to have their mothers present while questions relating to sex, dating and marriage are being discussed in the classroom or elsewhere. In their growing need for independence they may sense a threat in this joint arrangement. Therefore we must seize the opportunity while girls are still looking to their mothers for knowledge and guidance.

I venture to say that the effectiveness of our teaching of family life to girls at the early teen-age level can be doubled by letting the mothers in on it.



A little girl's problem led to the joint classes.

Pigafetta and Alupalan in the Philippines

Did Magellan find VD there?

by Walter Clarke, M.D.

(continued from the January issue)

With my Filipino friends I sat on the sands of Mactan and thought about Magellan and Pigafetta and their tough comrades, and about Lapulapu and his people. Here were the same coconut trees, the same bamboo thickets, the same sea and sand that provided the setting for Magellan's dénouement. I pictured Magellan fighting in the same water, then bloodstained, that now rippled gently over the sand. Perhaps as he glanced toward his small boats out of reach offshore he saw in the morning light the white clouds towering above the mountains of Cebu as they were now.

The people attacking him were not savages. Far from it. They enjoyed a considerable degree of culture resulting from Hindu, Moslem and Chinese influences on people whose ancestors were Melanesians, Polynesians and Indonesians. They had a written language and in their houses the Spanish found many articles imported from distant lands. Their dialects and arts showed contact with India and China.

Chao Ju Kua, a Chinese geographer, writing in 1280, describes life on Luzon, largest of the Philippine Islands, then called Mayi. The period from 1270 to 1280 was, according to modern historians, one of active trade between China and the Philippines.

A brisk trade

Chao, who visited Luzon, said that when Chinese ships came to trade at Manila they carried goods for exchange. Native Filipino traders took them and went out to remote areas of Luzon and to other islands where they traded Chinese porcelain, gold, iron, vases, perfumes, leaden objects, glassware, colored beads, needles, silk, umbrellas and tin articles for the products of the Philippines—yellow wax or resin, cotton fabrics, natural pearls, tortoise shells, betel nuts and jute.

The Chinese ships and crews waited eight or nine months for the Filipino traders to return . . . ample time for prolonged contact between the Chinese from the mainland and the Filipinos in and around Manila and for the exchange of cultural impressions and any infectious diseases prevalent among them.

Chao notes that "in the thick woods of Luzon were copper statues of Buddha but no one can tell the origin of these statues" . . . they had been there so long.

Hindu influence began to touch the Filipinos not less than 2,000 years ago. Unlike the Moslem influence, which came to the Philippines about 200 years before the Europeans arrived, the Hindu religion was not established in the Philippines. Mohammedanism flourished in the southern Philippines and was well entrenched even at Manila when the first Spaniards arrived there.

According to Pigafetta and other early scholars, the people were in 1521, as they are now, small and of slight stature with brown skin, brown eyes and straight black hair. Their homes were built of nipa and stood on high stilts as they do today. The families slept on mats on the floor. Their food was rice, fish, bananas and coconuts. Their industry is indicated by the articles which even as far back as the end of the thirteenth century they were exporting to China and elsewhere.

In the particular area where Magellan landed, the people tattooed their skins in bright colors. Hence the Spaniards called them Pintadoes, or colored people. They enamcled their teeth with black or red lacquer. Then into small holes drilled in the teeth they inserted gold pegs. The result was a shining golden spot on a black or red background, very handsome indeed. They loved gay colors and the women were "modestly dressed" in that they "covered their nudity."

The early writers noted that the women were "beautiful but unchaste"... Dr. Antonio de Morga, who had lived for eight years in the Philippines, asserted in one of the first books written about the Philippines, covering the period from 1493 to 1603 "the women are not very chaste, either single or married women, while the husbands, fathers and brothers are not very jealous or anxious about it."

Again Morga noted that "single women and marriable girls are people of little restraint and from early childhood they have intercourse one with another and mingle with facility and little secrecy without being regarded by the natives as a cause for anger. . . . The natives of the Islands of Pintados, especially the women, are very vicious and sensual," and "men are paid to ravish young girls." If this is found surprising he goes on to explain that "it was an impediment if any girl were a virgin when she married."

Miguel de Loarca, the king's auditor in the Philippines, wrote to King Philip of Spain in 1532, "The women do not hesitate to commit adultery because

ASHA's executive director emeritus. Last year a Fulbright professor at the University of the Philippines. Walter Clarke, M.D.





Philippine shoreline as Magellan might have seen it.

they receive no punishment for it. They are well and modestly dressed in that they cover all the private parts. They are clean and very fond of perfume."

Many wives, few children

He continued, "It is considered a disgrace among them to have many children for, they say, when the property is divided among all the children they will all be poor and that it is better to have one child and have him wealthy." "All the men," wrote Loarca, "are accustomed to have as many wives as they can buy and support"—and one might add, endure.

Pigafetta noted that the men loved cockfighting—as they do nowadays throughout the Philippines. Rice wine was commonly used as was also "tuba," the fermented sap of the coconut palm. Today tuba is a favorite beverage among the laboring classes. Both men and women chewed betel nuts—as they do now in some parts of the islands, especially the Moro or Moslem people.

Father Pedro Cherino, writing in 1604 after 14 years in the Philippines, complained about a "devilish doctrine" which he said was common in Luzon and which specified that no woman, whether married or single, could be saved in heaven who did not have a lover. "Consequently virginity was not recognized or esteemed among them; rather they considered it was a misfortune and humiliation." He cited an instance in which two Spanish soldiers staying overnight in a village were offered two women as part of native hospitality. The soldiers declined—Cherino says—on the ground that "they had not come all the way from Spain for that purpose."

As further evidence of the glamour of the girls of the time and place Cherino remarked that there were nearly 100 girls living "retired from life" in a seminary, who, if they ventured outside, "would risk and even achieve setting the world on fire."

In view of all this testimony as to the seductive beauty and availability of Filipino girls, we can conclude that Magellan and Bachelor Morales had con-

siderable difficulty in obeying the Spanish king's injunction not to permit Spanish soldiers and sailors to cohabit with native women—Cherino's two virtuous soldiers to the contrary notwithstanding.

Whatever communicable diseases the Filipinos on the one side or the Spanish conquerors on the other had would have been interchanged and would have spread in a few decades over the islands, as the Spanish rapidly extended their conquest from the Sulu Islands in the south to the northern capes of Luzon and imposed Christianity and Spanish rule on the people as they went.

The native population had its origins in areas where yaws was prevalent and still is today. The cultural influences from India, the Malay peninsula and China were borne to the Philippines by large numbers of traders, fighting men, missionaries. Inevitably they carried with them not only ways of thinking and doing and articles of commerce, but also the communicable diseases prevalent among them.

Undoubtedly yaws was one of these diseases. Medical historians and anthropologists believe yaws originated in central Africa, went with migrating people, slaves and others, to the north of that continent, across the several bridges into Europe, into the Near East, to India and China, and down the Malay peninsula to the East Indies, island-jumping with the people from Sumatra and Java to Borneo, the Spice Islands and the Philippines. So yaws came to the Philippines with the early migration of people from the mainland over the island bridges and narrow stretches of water easily crossed in small boats.

Yaws and syphilis

While the disease was limited to humid tropical areas, it maintained characteristics which depend on moisture, heat and complete lack of personal hygiene. When introduced into the temperate climate of Europe, where people were clothed against cold and where gradually they learned the blessings of soap and water, the disease changed its character. It retreated to moist, warm areas of the body, especially the genitals, and then spread by sexual contacts. In other words, it became primarily a "vcnereal" disease.

It also became a more serious disease, attacking the central nervous system and cardiovascular system of its victims and acquiring the ability to pass from an infected pregnant woman to her child before birth. Where yaws evolved in this manner it was called syphilis. The two diseases or, if one prefers, the two forms of the same disease could exist side by side. There is evidence of syphilis as well as yaws among the populations of most humid, tropical countries today.

The pale spiral organism which causes yaws is called treponema pertinue. The pale spiral organism which causes syphilis is called treponema pallidum, but under the modern microscope they cannot be distinguished one from another. They are said to be "morphologically identical." Both diseases give positive reactions to the same blood-tests.

In recent years physicians have classified yaws and syphilis—and certain other diseases caused by treponemes which under the microscope are indistinguishable from the causal organisms of syphilis or yaws—under one general name which includes them all and recognizes their common ancestor. That name is "treponematoses," i.e., diseases caused by treponemes.

Pigafetta refers to a disease among the Filipinos and East Indians which the Spaniards called bubos or French pox and which the Filipinos called alupalan. (Bubos and French pox to Europeans of the 16th century included yaws, syphilis and three or four other common "venereal diseases" which physicians of that time could not distinguish one from the other.) Pigafetta wrote that alupalan was prevalent throughout the islands but "nowhere so common as on the Island of Timor," an island of the East Indies.

Loarca wrote that the island of Cebu was "beautiful and had a good climate" but "most of the inhabitants are always affected with itch and bubos." The neighboring island of Panay was, wrote Loarca, "prosperous and clean" and the natives declared they had never had bubos until people from Bohol came to live with them. The Bohol migrants said they acquired bubos from men of the Spice Islands, who, having turned pirates, frequently raided the villages on Bohol.

This is a credible story and in accord with the supposed route by which yaws was introduced into the Philippines.

An amateur anthropologist

Syphilis and yaws often leave telltale marks on the bones of their victims. In the anthropological museum of the University of the Philippines in Manila are hundreds, perhaps thousands, of bones of Filipinos dead 1,000 to 1,500 years before the Europeans led by Magellan arrived in the Philippines. Skeletons of



A typical scene with the water buffalo or carabao, Philippine beast of burden.

these ancient inhabitants were found still resting in a crouching position in the luge earthenware burial jars in which they were placed after death. Studying the earth over these jars and the artifacts or products of primitive art within them, anthropologists have fixed the age of the skeletons at about 1,000 to 2,000 years. The bones, many of which are well preserved, have never been studied by a medical anthropologist.

So—admitting my amateur standing but recalling the many specimens of syphilis of the boncs I have studied in American and European collections—I requested and obtained permission to examine a considerable number of long bones, crania and teeth of the pre-Spanish Filipinos.

I found a tibia which could have been what we call a "sabre tibia." Viewed from the side its forward edge was bowed toward the front. This condition occurs frequently in congenital syphilis. There was also an old cranium with greatly thickened frontal or forehead bone. This effect called "bossing" is seen in congenital syphilis.

If I could have found the type of teeth we call Hutchinson's teeth, I could have been certain that the pre-Spanish Filipinos had congenital syphilis. This deformity occurs in the upper incisors of the second dentition. The affected tooth or teeth are notched at the cutting edge and narrower there than at the gum or base. This characteristic tooth does not occur in yaws but only in congenital syphilis. After examining hundreds of teeth I found a notched upper incisor, but it was not distinctly narrower at the cutting edge than at the base.

The bone markings of yaws are less characteristic than those of syphilis, and in specimens as old as those examined nothing diagnostic could reasonably be expected. The bones therefore gave me no conclusive proof but only suggestive evidence of the presence of syphilis among the ancient Filipinos.

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Standing on the white sands of Leyte at a tiny barrio or village called Palo, I looked eastward across the gulf. There to the right was the southern extremity of Samar, emphasized by a 1,500-foot peak near the shore. Further south lay the smaller island of Homonhon, where Magellan had first touched the soil of the Philippines. Beyond them is the blue expanse of the Pacific. To my right and left the beach curved in a great white crescent. Behind me lay the poverty-stricken island of Leyte, frequently devastated by typhoons, permeated with diseases that sap the vitality of its inhabitants.

It was on this beautiful beach that the Americans began to liberate the Filipinos from the strangling grip of the Japanese. A few miles from here medical scientists from the Philippine Department of Health and the World Health Organization now are endeavoring to liberate the Filipinos from yaws, that ancient cursc which the Spanish called bubos and which Pigafetta found the natives calling alupalan.



A happy people, they live simply.

As yaws is primarily a disease of rural people, we drove in a jeep deep into the interior of Leyte along roads at first quite good then degenerating into wretched tracks through the mud, to a remote barrio with its clusters of nipa huts. These are built on high stilts to keep the occupants above the floods which every year inundate much of the low lands and to provide for pigs and chickens a shelter from the violent rays of the sun.

The small, one-room huts through which breezes freely blow are occupied by the families of poor farmhands—father, mother, many children, grandparents and any other relatives sleeping naked, spoon fashion, on floor mats. Their diet is rice, bananas and coconuts occasionally supplemented by dried fish. On special occasions they may have a little roast pork.

Not sexually transmitted

Whatever infectious disease afflicts one member of the family is impartially distributed to others—old and young—by contact. The young acquire yaws, grow up with it, spread it to other members of their family and to playmates as they tumble about under the coconut trees. If grandparents, the most respected members of the family circle, have yaws sores on their hands, they infect the children, who must kiss Grandma's and Grandpa's hands at every meeting. The mother with yaws infects her babies.

Thus yaws, unlike syphilis, is not a venereal disease spread by sexual relations, but a disease usually acquired in childhood by contact. It is not, like syphilis, transmitted from infected mother to her infant before its birth.

It is a disease of rural people living in hot, moist climates in which the causal organism—which is so like that of syphilis that one cannot differentiate between them—can live in the discharges from the huge sores caused by the disease. In contrast, the causal organism of syphilis cannot live more than a few seconds outside the living tissues of man and a few experimental animals.

Pigafetta and other early Philippine historians described living conditions which in most important particulars closely resemble those one sees today among the isolated rural people of the islands . . . the crowded nipa huts, pigs and chickens, the rice and dried fish diet, the bananas, the coconuts, the patriarchal form of society, the likable, gay, carefree people, whose ability to resist and willingness to fight persistently for anything they prize must have surprised Magellan and later conquerors.

We visited the homes of yaws patients, saw children with yaws in a tiny one-room school, examined a crowd of infected men, women and children at a treatment center. All were cheerful. There is little pain and no social stigma associated with yaws. In certain areas of Leyte, Samar and many other islands of the Philippines, and in Indonesia and adjoining lands, among rural people "everybody has it."

But to the western eye the victims of yaws present a pitiful sight with their burgeoning sores and the subsequent scars and disfigurement.

Yaws, the putative ancestor of syphilis, is common among the rural people of the Philippines but rare among the city dwellers, called the "washingest" people in the world. It is a disease simple to diagnose and easy to treat by modern methods. Blood-tests—the same as for syphilis—and clinical examination suffice quickly to establish the diagnosis. By microscopic examination the treponema can be found in discharges from the oozing sores. Penicillin, used also for the therapy of syphilis, quickly cures almost every case of yaws.

Diagnosis and treatment, however, are only a part of the task of eradication and the easiest part at that.

Treatment difficulties

The afflicted commonly live long distances from any source of medical care, often several days' journey on foot or by carabao. When a yaws treatment center is in their neighborhood the patients, who are mostly children, may not attend because they have no clothing to wear. About their own homes children can and do run about stark naked, but if they must go to the barrio they feel the need to wear a clean cotton shirt and pants or skirt.

We stopped at an isolated cluster of huts to learn why a boy of seven with yaws had not returned for treatment at the center. The mother explained that the patient shared the shirt and pants with his eight-year-old brother. The latter had to go to school, so of course he had priority on the garments. Another

patient 10 miles from the treatment center had not come for treatment because she lacked 20 centavos—about 10 cents—for the weekly bus fare. Another mother could not bring her baby for treatment because she had to work all day in the rice paddies.

Thus poverty and ignorance, which have always existed in tropical countries where yaws has flourished, stand in the way of the eradication program, which can succeed only to the extent that infected individuals receive penicillin.

If Bachelor Morales ever reached the Philippines he would have seen yaws and called it bubos or French pox as the Spanish did. If, as is likely, members of his crew acquired yaws or alupalan, Morales might have prescribed mercury, which would have been good therapy for that time, the best that Europe had to offer in 1521. But Morales would not have been troubled with any doubts as to whether he was dealing with yaws, syphilis or any particular venereal diseases. Bubos and alupalan comprehended all of them without distinction.

Neither dusty bones of Filipinos dead a thousand years nor tattered ancient records answered unequivocally the question I asked of them: "Did Magellan, Pigafetta and Bachelor Morales when they waded ashore at Homonhon, Cebu and Mactan find syphilis among the Pintados? The old bones say, "Maybe." The old pages say, "Bubos or alupalan was there," and they ramble on with information indicating that yaws or syphilis or both could have arrived in the Philippines from China or Indonesia centuries before Magellan. Perhaps this is all we should expect of scholars of that day when even modern medical writers do not agree that syphilis and yaws are one disease or two.

CREDITS

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James K. Shafer, M.D.



Are people allergic to penicillin?

Reactions in venereal disease clinics

From time to time, reports of severe and occasionally fatal reactions to penicillin appear in medical literature frequently suggesting that such responses are increasing in incidence, as Drs. Feinberg and Moran intimated in the May 9, 1953, issue of the Journal of the American Medical Association. The subject is certainly one of great importance to all physicians and to the patients they treat.

It is well known that penicillin, because of its demonstrated effectiveness and its easy administration, has supplanted earlier treatment methods of several serious diseases. In the management of syphilis and gonorrhea, for example, penicillin therapy has gained almost universal acceptance among physicians in the United States. Since it is the keystone of our present venereal disease control program, a significant upswing in the incidence of severe reactions to penicillin would have a serious impact on our work.

Kitchen and associates, as they related in the November, 1951, issue of the American Journal of Syphilis, Gonorrhea and the Venereal Diseases, subjected the problem of penicillin reactions to a three-way study from 1947 through 1950. They concluded that in spite of a vast increase in the use of the drug the number of reactions had remained low. One approach of these investigators was to analyze the relationship between the reported total reactions and the total production of penicillin. Their findings indicated that, instead of increasing, the incidence of reactions was declining impressively.

Our experience in venereal disease clinics operated as part of the national venereal disease control program bore out this conclusion. From July, 1946, through June, 1950, 185,577 cases of venereal disease were treated in 36 rapid treatment centers with aqueous penicillin, penicillin in oil and beeswax, or procaine penicillin. Of that number, 578 reactions to therapy were reported . . . a rate of 3.11 for every 1,000. In only two of all these cases did a reaction to penicillin result in death.

In contrast, the rate of severe reactions encountered during the same period with combined penicillin and arsenoxide therapy was 12.56 for every 1,000, in 156,294 cases treated. Eighteen patients treated with combined therapy died.

No recent deaths

More recent data from the clinics indicate a declining incidence of reactions. Of 70,037 cases treated with the drug in 12 public health facilities in as many states during 1950–1952, only 56 had severe reactions. The rate was 0.8 for every 1,000 cases treated . . . and there were no deaths.

There is, of course, some risk to penicillin therapy. Untoward reactions are observed, and it is our impression that these occur possibly more often in private medical practice than in venereal disease clinics and more often than published reports indicate. From a study of our clinic data on severe reactions, we have supposed that abandonment of penicillin in oil and beeswax, the use of more highly purified penicillin and the adoption of procaine penicillin compounds accounted for the decline in incidence.

Various suggestions attempt to explain the difference between private and VD clinic practice in frequency of penicillin reactions. There is the suggestion that the clinic patient is seen less frequently after treatment than the patient of the private physician, so that a minor reaction in a clinic patient may be missed. Through 1951, however, a minimum of one week was required for completion of the penicillin schedule in the clinics. That period would be ample for observation of certain manifestations of allergy. But anaphylactic reactions to penicillin, and deaths when they occur, do so within a short time after the drug is administered. It is, therefore, hardly possible that these reactions could pass unnoticed and they could certainly be observed with equal facility in either group.

There is also the suggestion that—assuming allergic reaction to be a function of previous experience with penicillin—the usual VD patient has been less frequently exposed to the drug and consequently has had less opportunity to



How does private practice compare with clinic practice?



Let's look sharply into the reasons for penicillin allergy.

become sensitized. This suggestion takes into account the fact that our clinic patients are generally poor and thus often lack the money to obtain medical care in minor illnesses for which penicillin might be given. In view of the appreciable number of repeaters in VD clinics, however, it is questionable whether lack of previous exposure to penicillin is the only factor involved in the relative infrequency of severe reactions in this group of patients. Further study of the problem to identify the causes of allergic response to penicillin would seem to be in order.

More discrimination

The danger of sensitization as a result of repeated dosage strongly suggests that a more judicious use of the antibiotic is needed. Understandably, both physicians and patients have relied upon it heavily for all manner of ailments, many of them trivial. Nothing in our experience, however, indicates that there should be any lessening of our aggressive use of penicillin in venereal disease control. Syphilis and gonorrhea are *serious* diseases, and in no way fall within the category of "trivial conditions."

In our venereal disease clinic practice, we shall continue to maintain a careful lookout for an increase in the incidence of allergic reactions to treatment. So far, however, we feel that the record on these reactions is satisfactory and warrants no change in the program of treating cases and contacts with penicillin.



Recreation in industry is good social hygiene

by Philip R. Mather

Industry's concern with men and women, and its ever-growing awareness of their physical, mental, emotional and spiritual needs, parallels—indeed, is now inseparable from—industry's concern with profits, research and expansion. For industrial growth depends upon men and women . . . while at the same time it increases their security and well-being and enables them to realize their aspirations. Industrial growth relies upon and benefits men and women not only in industry but in the community and the nation. Industrial growth, in America, means the difference between a balanced national economy in a socially stable country, and the chaos of unemployment with its threats to the integrity of the individual, the family and the nation.

Modern industry's recruiting, employment and training practices, its workermanagement relations and public relations that *start* in the plant, its health and welfare programs, its production and safety incentives, and its industrial recreation programs reflect the humanistic philosophy behind enlightened leadership.

Industry today recognizes a worker as a totality—a body, a mind and a spirit. It realizes that the worker leaves no part of his total makeup at home when he reports on the job. It recognizes too that money invested in salaries, bonuses, health insurance, pensions, plant improvement, safety equipment, and industrial recreation pays dividends in production, accident prevention and morale that bear directly on the growth of American industrial life.

Straight facts

Industry's deepening insight into the nature of the employee and his needs is not a visionary, impractical humanism. While surely more altruistic than selfish, industrial humanism honestly and practically recognizes that . . .

- production accelerates or lags in relation to people, not machines
- safety depends upon the mental and physical health of employees
- morale boosts or lowers profits, stimulates or retards initiative, and is reflected in company climate and in public opinion.

Industry's humanism is rooted in industry's acceptance of its own proper goals . . . not only legitimate profits and expanded enterprise but the national welfare, economy and stability.

The social hygiene movement is more closely related to industrial interests than many industrialists realize. For it is concerned with a basic human problem . . . the effective management of the sex impulse. How each individual understands and copes with his sexual drive and how he controls or is controlled by the emotions that urge him toward sexual expression—these are intimately related to his mental and physical health and to his character and integrity. Upon his ability to manage his sexual drive depends to a large extent his ability to use his total personality to win personally and socially worthwhile goals and to contribute to his community and country.

We can no more say that what an individual does about the sex impulse is his own business than we can say that taking narcotics is a man's own affair.

Misuse of the sexual endowment creates staggering social, medical and industrial problems—venereal disease, exploitation of young men and women by prostitution and related vice rackets, loss of self-esteem, broken homes and divorce, illegitimate births and criminal abortions. The emotional immaturity of the sexually promiscuous person often manifests itself in poor performance on the job and in unstable relations with his supervisors and co-workers.

This is not pious moralism. It is practical fact. It conforms to the hard-headed judgment of one of America's greatest enterprises, the insurance business.

Insurance companies—who long ago learned that the philanderer, the adulterer, the man or woman with a record of chain divorces, may be as great a risk as the alcoholic, the drug addict or the organically diseased—spend millions of dollars annually in investigating the moral standing of prospective policyholders. Most companies refuse or "rate up" policies where there is reasonable belief that sexual immorality may result in physical illness, severe emotional strain, the violence that is often associated with illicit relationships, or the irresponsibility that may cost jobs and hence affect the policyholder's ability to meet his obligations.



Recreation for the whole family

Taking the same clear-sighted view, industry cannot afford a laissez-faire policy regarding the way employees—industry's true dynamos—manage the sexual impulse. Any plant manager, personnel supervisor or foreman can attest to the reliability of the worker who is sexually responsible and has directed his sexual energies into creative, satisfying marriage and family relations. This is the person who works with his personal and family goals in the forefront of his mind. Having accepted responsibilities in one of the most important aspects of life, he accepts the responsibility of his job with equal maturity. The same adult responsibility pervades his relationships with his co-workers, supervisors, friends and community.

Married or single—or headed for marriage—the person who accepts total, mature responsibility for the place of sex in life is more than just a dependable employee. He is essential if industry is to realize its economic, social and patriotic goals.

Industry's interests and sex

Can industry afford to overlook the implications of social hygiene's concern with a person's management of his sex impulse . . . especially when these implications bear on three of industry's major concerns—production, accident prevention and morale?

What of the relationship between production and the employee's total adjustment—including the sexual? The man who is uneasy about his sexual behavior (fearful perhaps of venereal disease, of an irate husband or of out-of-wedlock paternity) is bound to be distracted and worried on the job. How many laggard hours of production in industry each year, do you suppose, can be attributed to the combined factors of employees' sexual problems and prevailing notions that promiscuity is a person's own business and that there's nothing you can do about changing morality?

What about accident prevention and social hygiene? Is not the worker who is beset by a sexual tangle an actual or potential hazard to himself and others? May not the employee whose family life is disintegrating become careless of safety regulations? And what of the hazard to himself and others, lurking in the syphilitic heart, brain and spinal cord of a man who may not even know he has the disease? What are the costs in health, in insurance rates, in human life, that can be attributed to the men and women whose sex education was warped or neglected in childhood, whose attitudes toward sex are at variance with our moral and ethical codes, and whose sexual-emotional problems make them tragically accident-prone?

Morale in industry

What about the relationship between morale and social hygiene? Morale affects the whole life of industry, yet it is the rare employer who recognizes the direct relationship between effective management of the sex impulse and morale. But the same emotional immaturity that makes for sexual promiscuity makes for uncooperative job attitudes. The same immaturity that causes a person to exploit others sexually (or submit to exploitation) often shows up in the job in his exploiting the generosity and good will of his co-workers. The same immaturity that seeks alleviation of insecurity and inadequacy in promiscuous sex relations often manifests itself on the job in discontentment, self-pity and feelings of persecution.

The petty quarrels, the abraded feelings, the genuine resentments created by a co-worker's exploitation of good nature and especially the epidemics of dissatisfaction that often undermine years of morale-building effort need a fresh view against the backdrop of social hygiene.

But management of the sexual impulse is not something we can think of as static. Few human beings attain total maturity in all aspects of their lives nor are they ever entirely free from the temptation to lapse into immature behavior, sexual or otherwise. Moreover, fatigue, boredom, loneliness and lack of opportunity for wholesome self-expression often sap a person's moral resistance. They may even cause him to seek relief in illicit sexual activities.

Young people—industry opens its doors to thousands of them every year—face special problems in gaining full control over sexual drives at the very period of their lives when these are most imperative. Yet attitudes and habits developed during adolescence and youth are vital to the future. They may make the difference between the young person's becoming morally and emotionally adult (and therefore of maximum value to his family, to industry and to the nation) or living always below his own finest capacities.

Industry has a stake in social hygiene. It has a role to play in encouraging those educational, cultural and recreational activities among employees that will—along with other benefits—promote responsible attitudes toward marriage and family life. Industry has a role to play in offsetting such deterrents to



How many join in employee recreation?

mature sexual management as monotony, fatigue, boredom and lack of social contact. Industrial recreation can surely meet—and beat—the competition of brothels, disorderly bars and taverns, and sidewalk "chippies."

Broadly conceived, democratically planned and adequately financed industrial recreation is not a dream. It already exists in hundreds of companies throughout the country. But until adequate industrial recreation reaches every employee, the job is far from done.

No рапасеа

The value of recreation in the physical, emotional, social and spiritual development of people has long been recognized. Recreation cannot cure all ills nor solve all human problems. (Indeed, recreation leaders are the last to claim they have discovered the universal remedy for mankind's many ailments.) But since the pursuit of happiness is our inalienable right because it is integral to the very nature of man, recreation is surely a basic direction-finder in our search.

The question for industry is not merely—will industrial recreation improve job performance, lift morale, create good fellowship in the plant and reduce fatigue? It is—will industrial recreation help men and women toward maximum self-fulfillment in all aspects of their lives, will it help them to choose those paths to personal happiness that will enrich them and their fellow men, will it build the character reserves of our country?

Industry's recognition of the importance of recreational programs is scarcely new. Apparently, it parallels rather closely the rise of organized recreation services in this country. But extensive industrial recreation did not become a reality until somewhat recently.

When long hours and fatiguing, unrelieved and monotonous work were characteristic of industrial employment, employees were in the main apathetic

to programs for which they lacked energy and initiative. When labor and management tended to regard each other as hereditary enemies, managerial interest in recreation must have seemed to many employees just one more cvidence of paternalism.

Both had much to learn about each other before industry's leaders and industry's workers could agree that health, welfare, education and recreation involved the common interest and demanded joint thought and enterprise.

It should be said, however, that the evidence favors management's having made the earliest overtures toward group recreation. And it should also be noted that industry intuitively—or with prescience, perhaps—encouraged family participation, a desideratum now coming in for more and more emphasis among recreationists. The annual family picnic or river excursion and the family Christmas party were already a tradition in many companies at the turn of the century.

By 1947 the Wall Street Journal was able to report 20,000 companies having active employee recreation programs, in which 24,000,000 employees were participating. In just the preceding eight years there had been a 42% increase in the number of companies sponsoring such programs, and in 1947 expenditures by both industry and its employees amounted to \$163,000,000 annually.

In 1949 the National Industrial Conference Board's study of 264 plants and offices having recreation programs revealed that the employee invested each year as a median figure from \$2.00 in companies employing over 5,000 people to \$10.00 in companies employing 500 or fewer. Few employers carried the entire cost of recreation, but practically all participated to some extent.

What are the trends?

In 1950 Dr. Jackson Anderson of Purdue University, director of research for the National Recreation Association, noted some significant trends in industrial recreation . . .

- greater community-company cooperation, tending to lessen duplication of programs and provide a wider variety of activities for industrial workers
- increased recognition of the need for industry to employ more trained recreation personnel
- more extensive participation by workers in the administration of recreation programs

In less than fifty years—during many of which misunderstanding and distrust impeded developments in recreation—industrial recreation grew up. It is a tribute to both industrial and employee leadership that these thousands of

World War I veteran, Yale graduate, civic`leader and industrialist. ASHA's president, Snow medalist and National Health Council treasurer.

Philip R. Mather



programs have come into being and that so many of them offer such a wide variety of activities for workers and their families.

Yet the job is far from complete. Heavy industry, construction and building, mining, small plants and retail stores still need to emphasize industrial recreation, despite several notable examples of excellent programs among these business groups. But the challenge to industry does not lie only in expansion. It lies in the changing American industrial scene and in the inescapable fact of long-term national defense.

Employees are still migrating to the tight labor markets. Industry is being developed in our deserts and in hitherto largely agricultural areas. Communities only mildly touched by industry 10 years ago are becoming minor-league Pittsburghs and Detroits. The number of teen-age and female employees may increase should we be forced to resume hostilities or find ourselves in the dreaded—but not inconceivable—position of fighting a full-scale world war.

Industry must move now to meet needs for industrial recreation with speed and flexibility. Periods of emergency step up human problems, many of which can be met by sound, inclusive recreation programs. Unattached men living in barracks, families crowded into trailer courts, men and women temporarily unemployed in communities where there is a manpower surplus, young people away from home on jobs for the first time in their lives, and workers on those shifts that usually get least recreational attention . . . all call for our best recreational planning.

The alternative

This country cannot afford to increase its social hygiene problems. We cannot afford a rise in venereal disease, a possibility that penicillin cannot prevent. We cannot afford a further increase in broken homes and divorce, nor in sexual delinquency, nor the moral and emotional toll exacted by prostitution. We cannot afford an upsurge in the personally, industrially and socially destructive effects of promiscuity. America's strength lies in the resources within her manpower—not in her manpower resources.

American industry already knows the morale-building values of recreation. We know that recreation shared by the family is close to the concerns of employees and is a vital factor in employee-management relations. American industry no longer doubts that mental, social, emotional and spiritual health result from recreational programs that provide channels for creative and aspirational expression along with those that offer physical and social expression.

As we plan for the future and as we view the future's changes in the American industrial scene, industry can and should lead in new or re-engineered industrial recreation.

Our task

We need to examine and revaluate existing programs according to:

- the extent to which employees participate not only in industrial recreation but in the administration of recreation
- the variety of educational, cultural, physical, social and creative opportunities
- the changes in adjacent communities that may lessen or increase the need for recreation facilities
- the suitability of recreation programs to changing age and sex distribution of employees.

We need especially to be aware of the changing national scene and to develop or intensify recreation programs in areas of new industrial development, increased industrialization, shifting industrial need and changing industrial output. As industrial recreation reaches deeper into the life of American communities, we need to consider the contribution that industry can make through community-industrial programs to the men and women serving the country in military installations nearby.

We need to be sure that industrial recreation opportunities are those that employees want and that offer them the broadest possibilities for self-fulfillment. We need to ask ourselves whether industrial recreation, as planned in company after company, really deters employees from degraded and unwholesome recreation and really contributes to each person's search for happiness . . . happiness built upon personal, social and moral foundations.

Finally, we need to be sure that industrial recreation programs strengthen the aspirations of employees toward fine home and family life—America's motive power in war and in peace.



The Young Woman's Role in National Defen

Fifth of a series of chapters from Preinduction Health and Human Relations, new curriculum resource for youth leaders by Roy E. Dickerson and Esther E. Sweeney.

For the Instructor

This material is largely a supplement to *The Young Man and the Armed Forces* since women in the services have equal opportunities with men, as well as many similar problems. Hence, after discussing the young woman's role in national defense, the instructor will find it helpful to develop the specific topic of women in the services around the content of both chapters. Particularly adaptable in *The Young Man and the Armed Forces* is the material on personal, educational and vocational opportunities in the services and on the opportunities for self-realization.

Instructors can make an especially valuable contribution to young women by helping them to realize that they should seek guidance and counseling before they embark on a career either in defense industry or in the Armed Forces. While all young people can benefit from sound guidance, girls have more opportunity than boys of deciding about entering the Armed Forces since their enlistment is voluntary, and may need help in arriving at their decision.

While both boys and girls may need guidance about working in defense industries in communities away from home, it is important to emphasize to girls especially the value of counseling services on such questions as working on late shifts, living under conditions affording little privacy, and other even more difficult problems.

In World War II millions of young men and women demonstrated their readiness to respond generously and courageously to national needs. Today's young people are no different. But now, as then, guidance personnel must weigh such factors as health, immaturity and instability in counseling those who want to enter industry in overcrowded, mushrooming defense areas. Since industry's screening is not always refined, it is up to the school to supply guidance in advance.

While the women's branches of the Armed Forces are equipped to screen prospective enlistees, young women will have fewer disappointments, and save time and effort, if they use counseling services before enlisting.

For Use with Students

National defense program . . . the words summon up the picture of women in World War II, in uniforms or in work denims and headkerchiefs. Yet millions of women played their part in national defense at typewriters and calculating machines; as teachers, nurses, Red Cross volunteers; in USO clubs as junior hostesses (after a full day's work or more); in department stores, on trains and in a thousand and one jobs that kept the country running. Millions of others—young wives and mothers—carried on the jobs of homemaking and parenthood, often in loneliness and fear, while their husbands were overseas.

Every young woman has a contribution to make in the current period of national emergency. How and where she can best contribute to national defense must be her own decision. Much depends upon the circumstances of her life—whether she is now engaged or expects to be shortly, whether she has home responsibilities, whether her physical health and development are equal to the job she may want to do, whether she feels she is yet mature enough to go away from home into defense industry or the Armed Forces. Not everyone is thoroughly grown up at 18, nor is it a disgrace to be less mature than other people of the same chronological age . . . a girl's efforts to attain maturity are what count. But maturity is an important factor in deciding how best to serve.

She need not make the decision alone. Guidance counselors, parents, her clergyman, older friends who know her well and in whom she has confidence can assist a girl in weighing the pros and cons, in assessing her personality, skills, adaptability and readiness for one type of job or another. The final decision must be her own, but others can help her evaluate the best course for her to pursue.



Learning to work harmoniously with other people.

A trained guidance counselor to help a girl decide.



Women in Uniform

In World War II women won ribbons, medals and commendations for outstanding service to their country. They earned the respect of the men with whom they served and recognition and appreciation from their fellow citizens. Most important of all, they voluntarily added themselves to the manpower pool, enabling the nation in time of grave danger to do a job that could not have been done without them.

Today all the military services have women members . . . the WAC, the WAVES, the WAF and the Women Marines. In addition, there are the several nurses' corps and the women's medical specialist corps.

Everyone has seen and admired these young women in uniform. It is a tribute to the ability, loyalty and devotion to duty of women in the Army, Navy, Air Force and Marine Corps during and since World War II that the Department of Defense is now calling for many thousands more. The whole nation recognizes women as an important factor in America's manpower.

"Women represent our greatest reserve of humanpower" and the Armed Forces look to them to take an integral part in the job to be done. The services must have women, not necessarily to replace men for combat but to fill some of the 450 types of jobs open to women in the services . . . jobs necessary to the defense of our country, jobs which otherwise might not get done.

It is clear that the Armed Forces regard "womanpower as the vital link in our country's defense."



Womanpower vital to our defense needs.

Military Service as a Career for Women

Military service offers a career of many satisfactions to a woman . . . worthwhile work for the nation's security, pride in the great traditions and achievements of the service she chooses, personal pride in meeting the high standards of intelligence, health, character and competence required by the women's services.

Service in the Armed Forces gives a young woman many opportunities for personal development. Through new contacts with the men and women of her own and other services, she learns to live and work harmoniously and effectively with others. The self-discipline and initiative fostered by a military career serve her well all her life. And the educational advantages, both academic and professional, offered by all services contribute further to personal growth.

Military service also offers the chance to do responsible and important work and to advance according to individual capacity. It enables one to travel, both in the United States and abroad, and to profit by the broadened vision and experience usually gained from travel.

The advantages carry over into civilian life. Women who have served in the Armed Forces are more and more in demand by civilian employers. In industry, in the professions and services, in education and in community activities the former servicewoman has proved that she is more thorough and dependable than the average woman . . . more alert, more willing and better equipped to accept responsibility or carry out orders.

In addition, former servicewomen bring to their civilian careers the benefits of the specialized technical training they received during their service careers, training which can often be obtained only in the Armed Forces.

Because service in the Armed Forces is not only a career in itself but a preparation for other careers, a young woman should explore fully all the implications of entering one of the services. Some may wish to enlist imme-

diately after completing high school. Others may realize that by continuing their education they will have more to contribute when they enlist later. The services encourage girls to complete their education before enlisting, particularly if they want to be specialists or go into a profession.

On the economic side, service in the Armed Forces offers women pay equal to that of men in the same grade; free housing and meals on the post or an allowance to those living off the post; a clothing allowance and smart and distinctive uniforms for all temperatures and weather; free medical and dental care; 30 days a year of paid vacation; insurance; liberal retirement pay after 20 years' service; and an opportunity for acquiring savings and financial security.

A woman enlists for a limited number of years, after which she may elect either to return to civilian life or to continue in the service. Whether her years in uniform are few or many, a woman finds her military career an exciting and challenging experience rich in rewards of many kinds . . . a great adventure.

Class Activities

- Panel discussion (two boys and two girls): "Should parents and boy friends encourage or discourage a girl's entering military service if she wishes to do so?"
- Panel of several uniformed women representing the various services: "The advantages to young women of enlisting in the Armed Forces."
- Exhibit of recruiting posters and pamphlets issued by the WAC, WAVES, WAF and Women Marines.

Class Discussion

- Name five women who decisively influenced the world in which they lived.
- Are women as patriotic as men? Name five women who have notably demonstrated patriotism.
- Are women as brave as men? As intelligent? As responsible? As self-reliant?
- Do women adjust to new situations as readily as men?
- Are women capable of accepting discipline?
- Do women keep their heads in emergencies as well as men?
- Are women as honest in facing facts about themselves as men?

- Are most women able to work as well with members of their own sex as they are with men?
- If your sister or girl friend wanted to enlist in one of the services, would you encourage her or not? Why?
- Cite evidence to support the statement: "Women are as well able as men to carry on under adverse conditions and to endure hardships if necessary."
- Why is the woman on the home front important to national defense?

References and Visual Aids for use in programs on Preinduction Health and Human Relations

On Social Hygiene

For Teachers

Books

Home Study Course, Social Hygiene Guidance, Roy E. Dickerson, Los Angeles, American Institute of Family Relations, 1947.

Human Venture in Sex, Love and Marriage, Peter Bertocci, New York, Association Press, 1949.

Miracle of Growth, Urbana, University of Illinois Press, 1950.

The New You and Heredity, Amram Scheinfeld, Philadelphia, Lippincott, 1950 (2nd ed.).

Personal Adjustment, Marriage and Family Living, Judson T. and Mary G. Landis, Chicago, Prentice-Hall, 1950.

Sex Education as Human Relations, Lester A. Kirkendall, New York, Inor Publishing Co., 1950.

Units in Personal Health and Human Relations, Lillian L. Biester and others, Minneapolis, University of Minnesota Press, 1947.

Pamphlets

An Approach in Schools to Education for Personal and Family Living, Mabel Grier Lesher and the advisory committee on social hygiene education to the New Jersey State Department of Education, New York, American Social Hygiene Association, 1948.

Education for Human Relations and Family Life on the Secondary School Level, Mabel Grier Lesher and the advisory committee on social hygiene education to the New Jersey State Department of Education, New York, American Social Hygiene Association, 1951 (3rd ed.).

Education for Personal and Family Living, Jacob A. Goldberg and the education committee of the American Social Hygiene Association, New York, American Social Hygiene Association, 1950.

Formula for Family Life Education, New York, American Social Hygiene Association, 1952.

Human Relations Education, G. G. Wetherill, New York, American Social Hygiene Association, 1951 (2nd ed.).

Know Your Daughter, New York, American Social Hygiene Association, 1952.

Know Your Son, New York, American Social Hygiene Association, 1952.

Partners in Sex Education, Esther Emerson Sweeney, New York, American Social Hygiene Association, 1952.

Sex Education for the Adolescent, George W. Corner and Carney Landis, Chicago, American Medical Association (Bureau of Health Education), 1950.

Sound Attitudes toward Sex, Lester A. Kirkendall, New York, American Social Hygiene Association, 1951.

Suppression of Prostitution and Allied Vice, Frank H. Fairchild, New York, American Social Hygiene Association, 1951.

Visual Aids

Birth Atlas, R. L. Dickinson, New York, Maternity Center Association, 1943. Available also from the Cleveland Health Museum, Cleveland, Ohio. (Photos, on sheets 17½" x 22", of sculptures of female reproductive organs, stages of baby's growth, birth processes and twin pregnancies.)

McConnell Health Charts, Goshen, Ind., McConnell Map Company, 1950.

For Students

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Books

Better Ways of Growing Up, John E. Crawford and Luther E. Woodward, Philadelphia, Muhlenberg Press, 1948.

A Girl Grows Up, Ruth Fedder, New York, McGraw-Hill, 1948 (2nd ed.).

Human Growth, Lester Beck, New York, Harcourt, Brace, 1949.

Human Venture in Sex, Love and Marriage, Peter Bertocci, New York, Association Press, 1949.

Living Together in the Family, Mildred Wiegley Wood, Washington, American Home Economics Association, 1946 (rev. ed.).

Manners Made Easy, Mary Beery, New York, McGraw-Hill, 1949.

Personal Adjustment, Marriage and Family Living, Judson T. and Mary G. Landis, Chicago, Prentice-Hall, 1950.

Psychology for Living, Herbert Sorenson and Marguerite Malm, New York, McGraw-Hill, 1948.

So Youth May Know, Roy E. Dickerson, New York, Association Press, 1948 (rev. ed.).

You're Growing Up, Helen Shacter, Chicago, Scott, Foresman, 1950.

Youth Grows into Adulthood, Morey R. Fields, Jacob A. Goldberg and Holger F. Kilander, New York, Chartwell House, 1950.

Pamphlets

American Social Hygiene Association pamphlets:

Behavior in Courtship, 1950.

Boys on the Beam (dating etiquette), 1951.

Boys Want to Know, 1952.

Choosing a Home Partner, 1951.

Dates and Dating, 1949.

Dating Do's and Don'ts, 1952.

From Boy to Man, 1952 (rev.).

Girls Want to Know, 1952.

Health for Girls, 1952 (rev.).

Health for Man and Boy, 1944 (rev.).

Marriage and Parenthood, 1944 (rev.).

Preparing for Your Marriage, 1952.

The Question of Petting, 1952.

Women and Their Health, 1944 (rev.).

Association Press publications:

Petting—Wise or Otherwise? E. L. Clarke, 1952.

Things That Count in Courtship, Roy E. Dickerson, 1952.

When a Couple Is Engaged, Roy E. Dickerson, 1952.

Public Affairs pamphlets:

Building Your Marriage, 1946. So You Think It's Love? 1950.

Building Sex into Your Life, Paul Popenoe, Los Angeles, American Institute of Family Relations, 1944.

So You're a Man, E. S. Breuer, Chicago, American Medical Association (Bureau of Health Education), 1950.

Understanding Sex, Lester Kirkendall, Chicago, Science Research Associates, 1947.



Visual Aids

Are You Popular? New York, Association Films, 1948.

Date Etiquette, Chicago, Coronet Films, 1952.

Dating Do's and Don'ts, Chicago, Coronet Films, 1949.

Etiquette (5 filmstrips prepared to accompany text of Mary Beery's Manners Made Easy), New York, McGraw-Hill (Text-Film Department), 1949.

How Do You Know It's Love? Chicago, Coronet Films, 1951.

Human Growth, Portland, University of Oregon Medical School, 1948.

Human Reproduction, New York, McGraw-Hill (Text-Film Department), 1948.

Shy Guy, New York, Association Films, 1948.

Story of Menstruation, Chicago, International Cellucotton Products Co., 1947.

What to Do on a Date, Chicago, Coronet Films, 1951.

With These Weapons (story of syphilis), New York, American Social Hygiene Association, 1949.

On Effective Living in the National Emergency The Young Man and the Armed Forces The Young Woman's Role in National Defense

For Teachers

Books

United States Air Force Character Guidance Program, Washington, Office of the Chief of Air Force Chaplains, 1950.

Careers for Young Americans in the Army and After, Reuben Horchow, Washington, Public Affairs Press, 1950.

Occupational Outlook Handbook, Washington, Superintendent of Documents, U. S. Government Printing Office, 1951.

U. S. Office of Education and Department of Defense, Washington:

Counseling College Students during the Defense Period, 1952.

Counseling High School Students during the Defense Period, 1952.

Students and the Armed Forces, 1952.

Pamphlets

Armed Forces Character Guidance Program, New York, American Social Hygiene Association, 1948.

Character Guidance in the Army, Washington, Department of the Army, 1952.

Universal Military Training and Service Act, as amended, Packet No. 22, Washington, Superintendent of Documents, U. S. Government Printing Office, June 23, 1951. Free.

Why Quit Learning? Armed Forces Talk No. 384, Office of the Secretary of Defense (Armed Forces Information and Education Division), Washington, Superintendent of Documents, U. S. Government Printing Office, September 14, 1951.

Women in the National Emergency, Columbia, Mo., Stephens College (Director of Publications), 1952.

For Students

Books

How to Get Ahead in the Armed Forces, Reuben Horchow, Garden City, N. Y., Doubleday, 1951.

Pamphlets

Before You're Drafted, New York, Greenberg, 1951.

Selective Service College Qualification Test, available from local Selective Service Boards, 1952.

Stay in School, U. S. Navy in consultation with the National Education Association, U. S. Office of Education and U. S. Department of Labor, available through Navy recruiting stations, 1952.

Visual Aids

What It's All About

Are You Ready for Service? Chicago, Coronet Films, 1951-52:

Your Plans What Are the Military Services?

The Nation to Defend

Service and Citizenship When You Enter Service
Starting Now Military Life and You

Getting Ready Physically Communism

Getting Ready Emotionally Your Investment in the Future

Getting Ready Morally Why You?

Stay in School, U. S. Navy in consultation with the National Education Association, U. S. Office of Education and U. S. Department of Labor, available through Navy recruiting stations, 1952.

For Young Men

Air Force Special Services, Area Control Film Library, Middletown Air Material Area, Olmstead AFB, Middletown, Pa., 1951.

Air Naval Reserve (Weekend Warrior), available from nearest Naval District headquarters, 1950.

In Everybody's Army, available from nearest Army headquarters, 1951.

Men of the World (Chaplain Films, U. S. Navy), Washington, U. S. Office of Education, 1949.

Pulling Your Weight (Chaplain Films, U. S. Navy), Washington, U. S. Office of Education, 1951.

To Be Held in Honor (Chaplain Films, U. S. Navy), Washington, U. S. Office of Education, 1951.

With the Marines, available from nearest Marine Corps headquarters, 1951.

For Young Women

Dear Boss (story of women in the Navy), available from nearest Naval District headquarters or U. S. Navy Photographic Center, Anacostia, Md., 1952.

Hospital Afloat (story of Navy medical care), available from nearest Naval District headquarters or U. S. Navy Photographic Center, Anacostia, Md., 1952.

Proudly They Serve (Army Nurse Corps film), available from nearest Army Service Command headquarters or military personnel procurement offices, 1951.

Real Miss America (all-service film), available from photographic centers or U. S. recruiting centers, 1952.

Women in the Air Force (story of the WAF), available from nearest Air Force headquarters, 1952.

Women Marines (story of basic training for Women Marines), available from nearest Marine Corps headquarters, 1951.

Sources of Films, Periodicals and Free and Low-Cost Pamphlets

American Home Economics Association, 700 Victor Building, Washington 1, D. C.

American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

Association Films, 35 West 45th Street, New York, N. Y.

Association for Family Living, 28 East Jackson Boulevard, Chicago 4, Ill.

Association Press, 291 Broadway, New York 7, N. Y.

Athletic Institute, 209 South State Street, Chicago 4, Ill.

Better Vision Institute, Suite 3157, 630 Fifth Avenue, New York 20, N. Y.

Bristol-Myers Company (Educational Service Department), 630 Fifth Avenue, New York 20, N. Y.

Child Study Association of America, 132 East 74th Street, New York 21, N. Y.

Communication Materials Center, Columbia University Press, New York 27, N. Y.

Community Relations Service, 386 Fourth Avenue, New York 16, N. Y.

Coronet Films, Coronet Building, Chicago 1, Ill.

Family Service Association of America, 192 Lexington Avenue, New York 16, N. Y.

Federal Council of Churches, see: National Council of the Churches of Christ in the USA.

Federal Security Agency (Children's Bureau, Office of Education, Public Health Service), Washington 25, D. C.

Health Publications, 216 North Dawson Street, Raleigh, N. C. (Motion Pictures for Mental Health Programs, classified annotated listing of 52 mental health films on child and family, marriage, mental health problems, physiology of human reproduction, teacher education.)

International Cellucotton Products Co., 919 North Michigan Avenue, Chicago 11, Ill.

John Hancock Mutual Life Insurance Co., Box 111, Boston, Mass.

McGraw-Hill Book Co. (Text-Film Department), 330 West 42nd Street, New York 18, N. Y.

Metropolitan Life Insurance Company, 1 Madison Avenue, New York 10, N. Y.

National Association for Mental Health, 1790 Broadway, New York 19, N. Y.

National Council of the Churches of Christ in the USA, 297 Fourth Avenue, New York, N. Y. (Department of Broadcasting and Films, 220 Fifth Avenue, New York, N. Y.)

National Council on Family Relations, 5757 South Drexel Avenue, Chicago 37, Ill.

National Dairy Council, 111 North Canal Street, Chicago 6, Ill.

National Education Association, 1201 16th Street, N. W., Washington 6, D. C.

National Health Council, 1790 Broadway, New York 19, N. Y.

National Livestock and Meat Board (Department of Nutrition), Room 825, 407 South Dearborn Street, Chicago, Ill.

National Organization for Public Health Nursing, 2 Park Avenue, New York, N. Y.

National Society for Crippled Children and Adults, 11 South LaSalle Street, Chicago 3, Ill.

National Society for the Prevention of Blindness, 1790 Broadway, New York 19, N. Y.

National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.

New York Tuberculosis and Health Association, 386 Fourth Avenue, New York 16, N. Y.

Personal Products Corporation, Milltown, N. J.

Public Affairs Committee, 22 East 38th Street, New York, N. Y.

Quarterly Journal of Studies on Alcohol, 52 Hillhouse Avenue, Yale Station, New Haven, Conn.

Science Research Associates, 57 West Grand Avenue, Chicago 10, Ill.

Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.

Tampax, 155 East 44th Street, New York 17, N. Y.

U. S. Department of Agriculture, Washington 25, D. C.

VD Education Institute, 216 North Dawson Street, Raleigh, N. C.

Young Women's Christian Association (Woman's Press), 600 Lexington Avenue, New York 22, N. Y.

by Elizabeth B. McQuaid



The Cana Movement in the United States, by Alphonse H. Clemens. Washington, D. C., Catholie University of America Press, 1953. 54p. 75¢.

This summary covers the history of the 10-year-old Cana movement, its purposes, techniques and procedures, including pre-Cana conferences (discussion series for young people), Cana conferences (sessions for married couples), Cana clubs (groups of about six couples and a chaplain who meet in homes) and Cana retreats (two- or three-day retreats for married couples). Basically inspirational, the movement attempts to help couples realize the graces of Christian marriage, make their homes more holy, and enjoy the support of a socially cohesive group.

The book's statistical charts give the topics most frequently discussed by the movement's participants, and appendixes name personnel and sources of information.

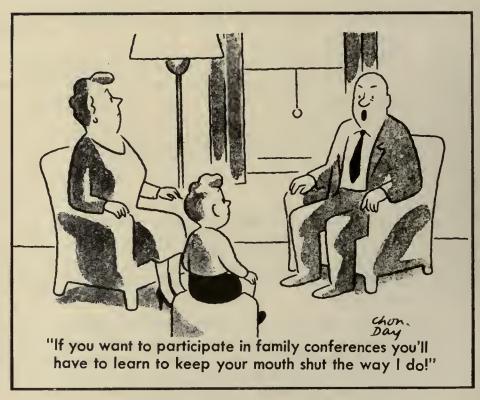
The Mature Woman: Her Richest Years, by Anna K. Daniels, M.D. Edited by Victor Rosen. New York, Prentice-Hall, 1953. 237p. \$3.95.

Grandmother and gynecologist, Dr. Daniels is sensible, practical and refreshing. Here she shows the middle-aged woman how to build a balanced, confident, satisfying life.

Since Dr. Daniels recognizes that all life is change, she sees the menopause in its proper perspective, and her book emphasizes this concept of the wholeness of living, rather than the medical symptoms of a particular period. She reminds the mature woman that her weapons are not the glowing complexion nor the amazing vitality of youth, but the social grace, understanding and charm of comparative age.

Some chapter themes: you don't have to be young to be happy, women like wine improve with years, marriage is not for everybody, you can stay in love though married, it's never too late to love. She draws on her patients' histories to illustrate her optimistic philosophy.

THE LAST WORD



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journal of SOCIAL HYGIENE



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About our cover . . .

Accent on health and happiness. Third of a series of Journal covers.

Harriett Scantland, Editor Elizabeth McQuaid, Assistant Editor

THE JOURNAL OF SOCIAL HYGIENE

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Improvident thrift

To three national organizations—the Association of State and Territorial Health Officers, American Venereal Disease Association and American Social Hygienc Association—a drastic cut in the fcderal budget for VD control seems dangerous in the extreme.

Syphilis increased last year in 15 states and the District of Columbia, gonorrhea in 17 states and the District. Apparently without regard for such danger signals, the federal government proposes to slash funds for VD control more than 76% in two years—from \$9,800,000 in 1953, to \$5,000,000 in 1954, to \$2,300,000 for 1955.

Let us not fool ourselves: complete control of venereal disease is far from imminent. We are now failing to find more than three-fourths of the syphilis in our country in its early, infectious stage. By failing to find and treat infectious cases we are contributing to the "deficiencies in health protection" to which the President referred in his New Year's report to the nation.

According to the best estimates, there are now over 2,000,000 individuals in the United States who need treatment for syphilis. Syphilis, not only an acute communicable disease, can also cause heart trouble, diseases of the joints, mental illness and blindness, four of the chronic health problems the President particularly stressed.

In addition, almost a quarter of a million gonorrhea cases were reported last year. These plus the large reservoir of undiagnosed cases constitute another serious health threat, especially to women of child-bearing age. Gonorrhea can cause blindness and arthritis. Except for measles syphilis and gonorrhea lead the list of reportable communicable diseases in the United States.

Now is no time to cut our VD program so drastically. We're drafting young men and sending them off to training camps. The budget cut last year necessitated a sizable decrease in health services near military installations. The proposed additional cut will all but wipe out such projects.

A time of mobilization, which always carries the threat of a resurgence of VD, is no time for our federal government to abdicate any part of its responsibility for providing health facilities that help protect servicemen from venereal disease.

Pioneers! O Pioneers!

The people in social hygiene today are advancing—with spirit and imagination—along a front defined for them 40 years ago by a group of pioneering greats... Jane Addams, Cardinal Gibbons, Charles W. Eliot, Felix M. Warburg, to mention a few. Men and women like these, reflecting the diversity of American leadership, gave the early social hygienc movement stature and confidence.

Humanitarians all, they took up an unpopular cause. They saw and defined social problems needing solution and devised a broad program for correcting social ills, preventing disease and banishing ignorance and superstition.

From time to time the JOURNAL plans to publish profiles of these early social hygiene leaders . . . to shed light on their personalities and on their essential contributions to the philosophy and function of the American Social Hygiene Association. Featured first is James Bronson Reynolds, uncompromising leader in the fight against commercialized prostitution.

Walt Whitman put it well. From Reynolds and others like him "we take up the task eternal, and the burden and the lesson."

VD prevention-a dual job

Law and health combine forces

by A. Frank Brewer, M.D.

There is a long tradition of cooperation between law enforcement and health agencies in the treatment and epidemiology of disease. This tradition goes back almost to time immemorial, but we can start with the Roman Empire when —as Sanger recounts in his *History of Prostitution*—Nero appointed 14 physicians as physicians of the poor.

Most of the diseases these physicians treated were directly traceable to prostitution. Since the police regulated prostitution, they referred most of the sick to physicians. Whether or not these were actually venereal disease cases is beside the point. The duties of the police were to prevent the spread of infections among the people and to protect the ruling class from these infections as much as possible.

While prostitution was an accepted part of society in most of the nations of the world from pre-Roman until Christian times, the western concept of Christianity precludes the toleration of prostitution . . . since belief in the rights of the individual and the ideal of monogamy are basic features of the Judeo-Christian moral code. Every study of prostitution—from Duchatelet's classic to W. W. Sanger's study of conditions in New York and other American cities—has concluded that prostitution and the spread of venereal disease go hand in hand. Until the last several years it has been axiomatic health department experience that houses of prostitution cannot operate longer than two weeks without giving rise to cases of venereal disease.

Our modern venereal disease laws were based on this premise, for they delegated to the health departments the suppression of prostitution. Under Section 2636 of the regulations of the California State Board of Health, Section E—"Each health officer shall take every proper means of repressing prostitution in inasmuch as it is the most prolific source of the venercal diseases."

Prostitutes and VD

In those countries were prostitution was licensed—for instance, France—until very recently the police had on their payroll physicians whose duty was to keep prostitutes free from venereal infections. A tradition grew up that inspected houses of prostitution could be kept free of venereal diseases. This concept still misleads many people who do not understand the inaccuracy of venereal disease diagnosis in both men and women.

While the percentage of known infections traceable to known prostitutes has rapidly changed in the last 10 years, we still know that one of the endemic

sources of venereal infection is prostitutes. Therefore, local health officers throughout California have continuously asked that houses of prostitution be closed and that prostitution be suppressed to the fullest extent of the law.

In a survey at the height of our increase in venereal diseases in 1946, 3,324 cases (out of 16,842 giving contact information) named prostitutes as their source of infection. From January through September of 1947, 2,738 cases of venereal disease out of 18,283 contact reports arose from prostitutes. During 1952, 1,394 cases of venereal disease—out of 14,820 contacts reported—named prostitutes as their source of infection. How many other cases were spread hy prostitutes who were not named as prostitutes or how many cases were undiagnosed and uninvestigated because of lack of information are unknown factors that would certainly add to the totals.

A study in Sacramento in 1941 and 1942 indicated that 70% of all recently acquired infectious came directly from known prostitutes, and statewide tabulations indicated 50% of all named contacts were prostitutes. Our month-bymonth tabulations now indicate that only 9% of VD infections arise from known prostitutes. It is apparent that there has been, as previously noted, a marked change in the percentage of infectious venereal diseases arising from prostitution . . . and this in itself indicates cooperation between law enforcement and health department activities in California.

Procedures in accomplishing this goal came ahout when members of the state health department met on June 18, 1946, with the Governor's law enforcement advisory committee to discuss mutual problems in the control of venereal disease. Chiefs of police, district attorneys, judges and sheriffs were present . . . and representing the state health department were the director of public health, the chief of preventive medical services and the chief of the VD bureau. To bring about more effective cooperation of health and law enforcement agencies in VD control, the Governor's advisory group recommended that there be established in each community a venereal disease control committee composed of the health officer, district attorney or city attorney, one or more judges, chief of police and sheriff.

The law enforcement group also recommended that these community committees meet once a month to discuss venereal disease problems. The health officer should at that time present information on the increase or decrease in



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A. Frank Brewer, M.D.

cases where prostitution is the source of the infection . . . and indicate the places, such as bars, taverus, hotels and rooming houses, which patients named frequently as places where they met persons named as sources of infection or where their exposure to infection took place. The health officer should also summarize evidence on houses of prostitution. There should, of course, be no delay in the transmission of such information when a particular problem arises.

About five of these councils were formed in California after this meeting and other meetings with local health departments. At least one has acted continuously since that time.

At a state conference of district attorneys and sheriffs called by the attorney general in December of 1947, the chief of the bureau of venereal diseases called attention to the problem of prostitution and venereal disease control in California . . . and the group immediately complained that local health departments had not cooperated in notifying them about possible prostitutes or houses of prostitution operating in the state. Immediately all health departments in the state were contacted, first through two general meetings—one in the north and one in the south—and then individually, and agreements were worked out to notify law enforcement agencies about prostitutes or houses of prostitution.

Police chief and health department

We agreed that whenever a diagnosed case of venereal disease in a public health jurisdiction indicated a prostitute or house of prostitution as the possible source of infection, the health department would notify the chief of police in whose jurisdiction the infection arose. Names were not given in this notification, merely the fact that a known prostitute in a certain circumscribed area or an alleged house of prostitution at a specific address was a source of a case of venereal disease. Copies of this letter were to go to the sheriff of the county and to the county attorney, and one copy would go to the state health department, which would tabulate these reports weekly and send them to the attorney general's office. In this way current information would be available to all law enforcement people about alleged houses of prostitution.

This system has been in effect continuously since that time and has worked quite satisfactorily, although not all counties report according to the agreement. Many of them, however, have local conferences with law enforcement agencies weekly or mouthly to give them information. This system seemingly has worked to the advantage of the health departments—for evidence of red-light abatement action proceedings and the closing of houses has come to our attention because of these notifications.

In 1941, before this measure, the state health department, cooperating with the local health departments, had tabulated from epidemiological sheets every bar, tavern, hotel and house of prostitution named as a source of infection or exposure. These tabulations were sent to the local health departments monthly and then in most instances were turned over to local police authorities so that they would know not only the houses of prostitution which gave rise to civilian



Prevalence reflects promiscuity.

and military infections, but also the bars and taverns operating against the health and welfare of the community so far as VD was concerned. Army and Navy disciplinary boards also immediately used these reports along with military police reports on places unfit for servicemen to patronize.

Together these two measures have been very effective in curtailing prostitution in California. A report from one health officer indicated that he felt this was one of the best means of cooperating to suppress prostitution. Another wrote that he believed a local venereal disease control board was one of the best methods of cooperation. Twice since these activities were established the state health department has contacted every sheriff in the state to find out how effective this cooperative plan has been . . . and each time after free discussion of the problem it was agreed that this was one of the best means yet devised in helping to control prostitution.

Jail sentences or fines

One of the problems law enforcement people continuously complained about, however, was that fines were inadequate for persons guilty of deriving profit from prostitution and that there was a habit in certain areas of suspending fines or jail sentences and floating individuals out of town.

In conferences with the law enforcement people the Governor's council recommended other policies—that heavy jail sentences be given to all prostitutes and to all others, including property-owners, who derive profit from prostitution, and that in no instance a suspended sentence be given on condition that the defendant leave the community . . . since we then have floaters that move on to another town where they continue to spread disease.

It was also pointed out that plans for repressing prostitution must consider the social welfarc, mental health and physical well-being of the women and girls involved, so that the institution is attacked, not the human beings who happen to live within it. San Francisco led the way in California when it established a psychiatric clinic and a special women's court to deal with problem cases and rehabilitation. These two institutions preceded the general agreements of the two meetings I mentioned, and many communities had moved toward this sort of program before these agreements were reached.

Customarily California's law enforcement agencies have cooperated with health departments for the physical examination of all prostitutes and promiscuous girls named as possible sources of infection and jailed for one reason or another. In California a health department physician usually makes this examination, though in many cities a city physician or a physician attached to the police department makes it.

Epidemiology is the study of disease and the circumstances under which it occurs. It includes the consideration of causes, incidence and prevalence. Epidemiological methods investigate the cause of disease, frequency of occurrence and mode of spread. When properly applied, epidemiology and epidemiological methods lead to an understanding of the plain facts concerning communicable disease prevention and intelligently directed community control efforts.

The houses must be closed

Since the venereal diseases are spread only by intimate contact and particularly by sex contact, their control depends in great part on intelligently directed community effort. Their control depends entirely on the relationships among the causative agent, the person infected and the environment. Many factors vary these relationships, but man can bring about changes in his environment if he purposefully regulates it. This is one of the reasons that control of venereal diseases in this country depends not only on active case-finding mechanisms, education and the availability of diagnostic and treatment centers, but to a great extent on the control of the infected individual in his environment.

Since it is axiomatic that promiscuous individuals, prostitutes particularly, are highly infected, a complete control program cannot hope to be successful with tolerated prostitution, which continuously spreads these diseases regardless of how assiduous the health department may be in ferreting them out and treating known cases. Since the human being is the sole reservoir of venereal disease infection its transmission depends on the habits and customs of the

population. High prevalence and high incidence rates are a reflection of high promiscuity rates, since the frequency of infection varies directly with the frequency of exposure to the infecting organism.

Various studies have proved this:

- The Army study, "U. S. Army Experiences in Venereal Disease Control in the European Theater of Operations," by Paul Padget, M.D., of the prostitutes in the brothels established by the Germans in Paris, in the American Journal of Syphilis, Gonorrhea and Venereal Diseases for May, 1945.
- "Social Protection in Hawaii," by William F. Snow, M.D., and others, in the *Journal of Social Hygiene* for February, 1946.
- "The Facilitation Process and Venereal Disease Control," by Donald H. Williams, M.D., in the *Journal of Venereal Disease Information* for September, 1943.

These all indicate that where an open policy of prostitution exists venereal disease rates are much higher than in a "clean" town. Houses of prostitution in California have been known to expose as many as 30 to 100 men per girl in one 20-hour period. Should these girls be infected the chances of infecting great numbers of individuals are tremendous.

On the other hand, the ordinary promiscuous girl cannot hope to have more than one-tenth this number of exposures. Assuming that equal infection exists in each promiscuous individual and prostitute, it is easy to see that mathematically the prostitute could infect ten times as many individuals as could the promiscuous girl.

Controlled prostitution can't work

Therefore, law enforcement agencies play a vital role in the control of venereal diseases. While this problem may have changed somewhat in the last five years because of the widespread use of antibiotics by physicians and health departments and because many prostitutes take penicillin at stated intervals—this cannot be a total answer to the question, for no one will willingly submit over long periods of time to weekly injections nor will he conscientiously take antibiotics regularly by mouth. Therefore, infectious periods continuously arise in most promiscuous groups and still leave us in the same position we have always been in — that controlled prostitution cannot possibly work in the control of venereal disease.

In short

- The venereal diseases are largely the by-product of community conditions which make it easy for healthy persons to be exposed intimately to infected persons.
- When people in a community wittingly or unwittingly, directly or indirectly, participate in sex activities for monetary gain, they directly influence the venereal disease rate of the community... and organized promiscuity and prostitution on a mathematical basis spread the venereal diseases by increasing exposure rates.
- We cannot measure precisely the influences of any one of a group of environmental factors, but we have made special studies from time to time on one or another factor of environment as it relates to the venereal diseases. It is generally understood that society itself is part of the total environment . . . and when society makes it easy for intimate sex contacts, against the very principles and foundations of our western philosophy of monogamy as the ideal family situation, it has only itself to blame for the poor health of its community.

Memo

Dr. Walter Clarke, ASHA's executive director emeritus, is collecting material for a history of social hygiene. You can greatly assist him by supplying the following information:

- What were the name and date of organization of the first society devoted to social hygiene objectives in your community?
- Is the present society a continuation of the first?
- Who was the principal leader and who were the most important associaates in organizing the first society?
- What were its stated objectives?
- What event of dramatic interest marked the early history of the first society?

Dr. Clarke and all interested in the history of social hygiene will be highly appreciative if you will send this information to:

Miss Elizabeth B. McQuaid American Social Hygiene Association 1790 Broadway New York 19, N. Y.

The family caseworker: a helping person

by Frances Stark, Staff Supervisor Community Service Society of New York

During the last 20 years, growing confidence in the scientific approach to problems in human relations has brought about a change in the community's attitude toward personal and social problems. It is no longer taken for granted that difficulties in family relationships or frustrations in personal life inevitably mean a lifetime of unhappiness. More and more, people are seeking professional help in dealing with their problems, and are looking to the community to provide skilled scrvice to aid the individual or family in achieving a personally and socially fruitful life.

Advances in psychology, psychiatry and other fields related to personality growth and development have had a widespread impact on laws and social institutions and on the practice of healing arts. Social work as a developing profession has long since ceased to search for an explanation of personal and family maladjustment in environmental causes alone, and is well able to document its conviction that personal causes are usually primary in marital conflict, in problems of parent-child relationships, and in most other difficulties people have in getting along in the home, on the job, and in their social relationships.

Lct us say at the outset that marriage problems are usually complex and difficult to treat... but so are all problems in human relationships. Marriage inevitably brings into play all the varying forces in the personality of each partner, individual aspirations and needs which contribute to differing ideas of marriage and parenthood. Where one or both partners have not achieved emotional maturity the marriage is fraught with many hazards, for each is unable to consider the other's need because he is unaware of the predominance of his own need.

Emotional maturity assumes that the young child has taken progressive steps from his "I come first" attitude to recognizing and accepting the needs and rights of others—which is required for satisfactory adjustment in adulthood. We know that if the child is to take these progressive steps his emotional and social, as well as physical needs, must be met. Concomitantly, it is also true that the child cannot easily develop emotional maturity if he faces problems beyond his capacity to handle. Under these conditions he carries over into adulthood attitudes arising from these early conflicts which are inappropriate to his later experience and interfere with his attaining a happy marriage.

We therefore cannot speak of marriage problems as apart from the persons who have the problems. An understanding of the person with a problem is essential in marriage counseling as it is in counseling on any other personal problem. It is for this reason that professional help is needed. Once a community has

accepted this fact, it will have taken the first major step toward providing counseling service.

Problems and people

People commonly assume that interfering relatives, cultural differences or economic pressures cause marriage problems. Although it is our conviction that this is not the case, we know that any one of these factors can cause undue strain—even where the personalities and characteristics of the marriage partners dovetail to form a predominantly satisfactory union—or can accentuate the difficulties where personality-needs clash and there is chronic unhappiness in the marriage.

Our knowledge of human, growth and development points to the fact that all of us bring into adult life, in varying degrees, unresolved conflicts from childhood. It is necessarily true also that these conflicts will attempt to find resolution in the marriage. Consequently, the seriousness of the marriage problem is related to the depth of the basic personality problem and to the success or failure of the husband and wife in achieving a mutually gratifying meeting of needs.

From babyhood we bring unresolved conflicts into our adult life.



Experience in family casework has taught us that a marriage can be satisfying and relatively happy if the needs of the individuals are balanced . . . as, for instance, when a dominating woman married to a passive and dependent man fills the role of an overprotective mother to a pampered child. There are many other possible variations in adjustment in so-called adequate marriages. When a situation arises which upsets this balance it may expose deep-seated conflicts which otherwise would continue to lie dormant. Treatment would not necessarily aim to help the husband and wife achieve a more mature adjustment where potentials are limited, and where the marriage partners don't want a change. The aim of treatment would be to help restore the disrupted balance.

I would not wish to oversimplify the problem—this example has been sharply drawn for purposes of contrast. We know that even without situational obstructions marriages of immature individuals can be fraught with constant upheavals even where personality-needs dovetail to form a predominantly satisfactory union.

Needs at variance

On the other hand, in the marriage in which disappointment, frustration and bitterness are dominant, the demands of one partner upon the other cannot usually be met because they conflict with the needs of the second. In some instances, emotional immaturity of the husband or wife indicates that they are not free from their childhood parental relationship. Not infrequently overstrong ties to his parents result in a person's inability to assume adequately his expected role in the marriage partnership . . . and lead to his seeking guidance and comfort from his parents and to his failure to offer the mature companionship his spouse needs.

Likewise, a husband's uncertainty about his masculinity, or a wife's rejection of her femininity can create serious problems in marriage. This type of problem requires the same careful study as the preceding one—in which a couple's needs dovetail—to make the differential diagnosis from which can come an appropriate type of treatment.

Despite the unhappiness of the marriage partners whose needs conflict, we must remember that these persons chose each other, and in many cases have a strong tie, pathological in some instances, very positive and necessary in others though not without conflict. In either case the partners may have an underlying, if not always apparent, wish to maintain the marriage because of the values it has for them. The caseworker must understand these values, and try to help the client assess the positives and negatives. When the client has a sufficiently strong personality and wants to make an adjustment, the caseworker can often help him achieve a more mature relationship in his marriage.

It should be clear from the foregoing that the family caseworker does not have a rigid concept of a so-called "normal" marriage. The important factor is the extent to which the husband and wife can satisfy their needs satisfactorily

in marriage. The caseworker's aim, then, is to assist the persons coming to him for help with marriage problems to work out the most satisfying solution for them.

The caseworker's interest and warmth—as she studies the problem—is in itself therapeutic. As the client makes himself known to the caseworker through his description of his problems, he reveals his attitudes toward the other person, his own needs which are striving to be met, and his strengths. In this process the client as well as the worker often develops understanding, and the client participates as the caseworker attempts to use this understanding to strengthen his capacity to solve his problem. Where the marriage can hold no positive values for either partner there are often gains in a dissolution of the union.

Professional preparation

As to the marriage counselor's preparation for his job, the community has a right to expect that practitioners in this—as in all human relationship problems—have had an adequate education. I am glad I can say with confidence that professional schools of social work over the country provide this education, and that there is a standard-setting association (The Council for Social Work Education), which establishes and maintains high membership requirements for such schools.

We need then to ask—what are the aims of these schools, which after completion of a two-year course grant a master's degree? Hollis and Taylor give



The "I want" attitude is childish.



What is a "normal" marriage?

a succinct answer in their thorough study, Social Work Education in the United States, published two years ago: "The nature of these (the social worker's duties) calls for a high level of all the qualities that constitute intellectual, social and emotional maturity. To be genuinely a helping person, a social worker must have a working knowledge of the biological and psychological forces which, in part, shape individual behavior; he must have more than a layman's understanding of the economic, cultural and political conditions and forces that shape individual and group behavior. He must be able to interpret institutional, state and national social welfare policies in terms of these forces."

In addition to these general standards, a social worker during training acquires specific techniques and skills. These are not arbitrary nor authoritative standards, but are ways of helping people based on our accumulated knowledge of human behavior and tested in practice over the years.

Thus, it is our conviction that family service agencies employing graduates of approved schools of social work have an important place in the community . . . with a valuable service to offer the person seeking help with a marriage problem.

CREDITS

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Controlled prostitution—a myth

by Robert Y. Thornton

- Do you believe that commercialized prostitution is a necessary evil, and that it never has been successfully suppressed?
- Do you believe that authorities should set up a segregated brothel district where prostitutes can be licensed, medically inspected and controlled?

If your answers to these two questions are "Yes," then you too are a victim of the underworld's best job of propagandizing . . . the myth of the segregated vice district.

I'm no professional public moralist. But the more I have learned about commercialized prostitution, the more firmly I am convinced that it is a vicious racket. It adds up to a substantial business in our state, probably grossing over a half million a year. Moral issues aside, it brings to the community a train of pimps, a narcotics traffic (an estimated 40–50% of prostitutes are dope-users) and a tie-up with a whole host of major and minor lawbreakers. It spreads venereal disease . . . medical examination of prostitutes is not medically effective, according to the American Medical Association. Not infrequently it corrupts our police. If tolerated, it inevitably lowers the tone of all law enforcement.

What I am about to say will come as a shock to most Oregonians. It is this:

There are accumulating indications that a sizable underground traffic in prostitutes is operating on the Pacific coast, including Oregon, today. While this traffic is extremely well concealed, it nonetheless is in regular operation. Strong evidence exists that prostitutes are being shuttled about the state at regular intervals. Address-books confiscated from prostitutes and pimps arrested as far south as Stockton and Sacramento list the names, addresses and telephone numhers of brothels all the way from San Diego to Alaska.

The authorities know

How can this organized network operate without the knowledge of the authorities?

The answer is, it doesn't. They know about it. The situation that keeps the traffic alive is this: in a fair number of communities in our state and elsewhere wide-open brothels are still allowed to operate.

Does this mean that these officials and police arc crooked?

A fcw, yes. But the great majority are perfectly honest and sincere. What is wrong is that all of them—from the mayor and council to the police and the



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Robert Y. Thornton

sheriff—have swallowed hook, line and sinker the propaganda of the procurers, the pimps and the brothel-keepers: the myth that prostitution is a necessary evil and cannot be stopped.

Though this may surprise you, I've heard this phony argument from honest police officials . . . I've heard this from a person who rents his rundown building to a brothel-keeper at a goodly figure . . . I've heard this from those who have no financial stake in keeping prostitutes. And there isn't one bit of factual evidence to support this view!

Said District Attorney John J. Pickett, who spearheaded a successful clean-up in Coos County:

"In the first place, all prostitution in this area is syndicated vice. A large percentage of prostitutes are known users of narcotics. I am not here dealing with generalities but refer to actual information gained right here in Coos County through police investigation.

"Houses are constantly being used by criminals hiding from arrest, and tend generally to bring into the area the type of persons who constantly have trouble with the police. Blackmail is another common outgrowth of prostitution. This was practiced in Coos County until a short time ago by an operator who took secret pictures of his patrons and then threatened to expose them to their wives unless payment was made. The same operator doped a patron, kept him in this condition for three days, forced him to write checks totaling nearly \$1,000 and then threatened him with prosecution because the last check was returned NSF by the bank.

"... the cases of 15-year-old children patronizing these houses have been numerous. Last year a 17-year-old girl was found to be working in one of the houses."

Since last January this office has given active support and cooperation to district attorneys who have been making a determined effort to suppress prostitution in their respective counties. I was greatly surprised to find that in a number of substantial Oregon communities city councils and various city and county officials have allowed wide-open brothels to exist . . . and seemingly have been taken in by the Big Lie of the shady characters who live off prostitution. Let's have a look at some of their "arguments."

Does medical inspection of prostitutes prevent their customers from contracting a venereal disease?

Certainly not! Here's what the American Medical Association has to say about medical certification of prostitutes:

"First, the control of venereal disease requires elimination of commercialized prostitution.

"Second, medical inspection of prostitutes is untrustworthy, inefficient, gives a false sense of security, and fails to prevent the spread of infection.

"Third, commercialized prostitution is unlawful, and physicians who knowingly examine prostitutes for the purpose of providing them with medical certificates to be used in soliciting are participating in an illegal activity, and are violating the principles of accepted professional ethics."

And here is what the American Social Hygiene Association has to say about medical doctors who sign such certificates:

"No reputable and competent doctor will sign a statement that a prostitute is free from venereal diseases on the basis of the examination made. Limited examinations and occasional blood tests for syphilis and smear tests for gonorrhea serve only to detect the most obvious cases even among those who tell the truth to the doctor and cooperate in every way. Failure to discover infection by such means does not prove that those examined are not infected. But the madams and men who exploit prostitutes do everything possible, of course, to make it seem that those not definitely found infected are guaranteed to be healthy.

"And, of course, if the prostitute is free from disease when last examined she may have become infected since then. And even if she herself is not infected, she may be at any time a mechanical conveyor of infection from one customer to the succeeding ones. Medical certificates are by no means a reliable basis on which a man may select a prostitute free from disease.

"Thus the ignorant or reckless individual who visits a brothel because he has a mistaken faith in a medical certificate, contracts syphilis or gonorrhea all the more surely because in his overconfidence he takes no precautions, and does not look for symptoms and consult a doctor when they develop."

No law, no health regulation can ever be devised to stamp out syphilis, the vicious occupational disease almost every prostitute acquires sooner or later.

In discussing this aspect of the problem with Attorney General Edmund G. Brown of California a few weeks ago I learned that in tests made after a recent raid on a large brothel in northern California, everyone in the establishment—including the maid and the cook—was found to have syphilis.

An around-the-clock brothel in an eastern Oregon town had to recess its operations recently because five of the girls had gonorrhea. This same establishment is still off-limits for servicemen, presumably because soldiers contracted venereal disease there.

The author of an article in an earlier issue of the Journal of Social Hygiene relates another incident:

"... Not only are the male customers exposed to infection, but there is the later possibility of grave danger to marital partners. They share the risks though having had no share in the escapade that caused it. Perhaps the following true incident will illustrate this point. It relates to a cultured wife and mother. She and her husband lived in an American city where prostitution was tolerated and attempts made to render it safe. Inmates of the red-light houses were given medical examinations periodically, and each madam would proudly boast of the healthfulness of 'my girls.'

"After militia drill one night, this husband, with a number of comrades, took a trip 'down the line.' Despite the district's health supervision, he contracted syphilis and transmitted it to his wife. It is such cases as this—and they number a host—that have made health authorities almost unanimous in denouncing official efforts to make prostitution safe by medical means."

Despite the fact that the law requires venereal disease cases to be reported, for every reported case of syphilis there is at least one case that is unreported, perhaps untreated and infectious. For every reported case of gonorrhea there are probably five unreported cases, according to the State Board of Health's estimates.

Recently a southern city abolished its "district" because it had found that over 90% of the inmates were diseased. And so it has been found in hundreds of studies all through the years by the American Social Hygiene Association, in cities both large and small.

Does commercialized prostitution prevent sexual assaults upon a community's women?

Says Ray H. Everett, veteran executive sccretary of the District of Columbia's Social Hygiene Society: "On the contrary, you will find more so-called sex crimes in communities where commercialized prostitution has gained a strong foothold than in those where anti-prostitution laws are vigorously enforced."

And this fact is also true in communities having a heavy seasonal influx of migratory workers. A good example is Salem, an Oregon town to which come large numbers of transient men at certain times to pick hops, beans and cherries. The city and county administrations have backed up enforcement officials in rigidly suppressing prostitution, and there are actually fewer sex cases than in certain other much smaller Oregon towns where brothels are allowed to operate full blast.

Sex criminals

Moreover, patrons of prostitutes are not ordinarily the type who attack women and children. Psychiatrists tell us that the man who is going to attack a woman or a child is a psychopathic personality who ordinarily is not interested in patronizing a brothel. Rather, his sexual aberration leads him to seek gratifying sexual outlet by forcibly ravishing and torturing a defenseless person.

Here is what the foremost authority in the field, the American Social Hygiene Association, has to say about what it calls the rape fallacy:

"The underworld often tries to justify itself by claiming that the existence of a segregated district safeguards respectable women and girls against annoyance, insult and rape.

"What has been the experience of cities that have extinguished the red lights?

"A careful study of these cities shows that in almost every case there is less rape after the segregated district was closed than before. In no case is there evidence that the repression of prostitution has resulted in a 'carnival of crime.'

"The segregated district does not lessen crime: and it breeds not only sexual offenses, but extortion, blackmail and other forms of crime and exploitation."



Why take risks?

What about the claim that allowing brothels to operate under official supervision decreases disease and graft and facilitates police control of known crime centers?

Legalized prostitution has been tried for decades in one European country after another — Denmark, Norway, France, to name only a few — and has been discarded for the best reason in the world: it simply didn't work. (See *Prostitution in Europe*, a Rockefeller-financed study by the famous American scientist, Abraham Flexner, for a complete exploding of the myth of regulated prostitution.)

During World War I General Pershing wrote:

"Many of us who have experimented with licensed prostitution or kindred measures, hoping thereby to minimize the physical evils, have been forced to the conclusion that they are really ineffective. Abraham Flexner has argued the case so convincingly that on the scientific side it seems to me there is no escape from the conclusion that what he terms 'abolition' as distinguished from 'regulation' is the only effective mode of combatting this age-long evil."

After the liberation of Paris in World War II United States Army intelligence officers came into possession of a secret German document which forms an interesting sidelight here. The German army had set up a system of 42 brothels in Paris with a prophylactic station situated near each house. Each of the girls was inspected twice weekly. The documents disclosed that from January to August, 1944—despite all precautions—there were 3,106 new cases of VD in the Paris garrison of approximately 40,000 troops. About 84% of the infections came from licensed prostitutes in the official houses.

A comparison of the Germans' VD rate with that of the American forces for the same period showed that the controlled vice policy of the Germans resulted in a VD rate more than four times as high as the United States' rate, whose army and navy had adopted the policy of repressing licensed prostitution.

A multitude of misinformed

But I am frankly astounded at the number of sincere people—good, substantial citizens—who believe prostitution should be legalized. They say in effect, "Prostitution has always existed and always will, so why not license it, have the girls inspected regularly by a physician and have the premises rigidly policed?" Not infrequently we hear this statement from oldtime police officers, lawyers and physicians.

Overlooking for the moment the sickening toll of teen-age girls who would be sucked into the prostitute traffic to feed this type of legalized operation, let's take a look at this proposal.



The pay-off.

Do you know how much of her earnings the average prostitute keeps? According to the American Social Hygiene Association:

"... The 'prostitution dollar' spent in a brothel is ultimately distributed about as follows:

Resort-keeper's share from which she must pay someone	
for the privilege of operating	50%
Pimp's share	20%
Room and board paid to resort-keeper	8%
Periodic VD examinations	2%
Prostitute's share of her earnings	20%

"Experience shows that when the exploiters are knocked out, the prostitution problem is more than half solved."

Who is defending legalized prostitution?

The American Social Hygiene Association sums it up neatly as follows:

"It is strongly defended by the madams and pimps who exploit the prostitutes, and profit by this exploitation.

"It is advocated by some politicians who fatten off the pimps and madams.

"It is quietly encouraged by the unscrupulous landlord who can force an exorbitant rent for his property.

"It is permitted by the dishonest policeman who, for a consideration, can be induced to overlook violations of the law.

"It is encouraged by the quack medical practitioner who profits by the sale of certificates of inspection and whose practice is enlarged by the patronage of diseased prostitutes and their patrons.

"In short, commercialized prostitution and the regulation thereof is generally defended by those who are making money out of it."

Commercialized prostitution has been successfully suppressed by vigorous law enforcement from El Paso and Indianapolis to Malheur County, Oregon, where District Attorney Charles W. Swan and the Oregon State Police—with the backing of an aggressive local citizenry—cleaned up an unsavory nest of brothels.

Hostility comes from those who are profiting financially from prostitution.

Profiteers are hostile

The most caustic criticism I ever received was from a "tolerant" city administration, some of whose members were profiting indirectly from the operation of the houses.

During the last several months my staff and I have been working closely with the district attorneys of the counties concerned and making real progress. But unfortunately in some of the "open" communities where a clean-up was made, the brothels are open once more.



Profiteering breeds "tolerance." Under Oregon's laws, enforcement of criminal statutes is vested in local authorities. Local enforcement officials are responsible to the citizens of their city and county to see to it that the criminal laws are enforced in their entirety. The legislature has provided that they shall not be superseded except upon order of the Governor.

Open commercialized prostitution can exist only with police protection, active or passive.

Honest law enforcement can break up commercialized prostitution with relative ease. And oddly enough even corrupt enforcement officials can do this when they realize they will lose their jobs unless they prevent open prostitution. I am convinced that the overwhelming majority of our police will enforce the laws against prostitution activities if they have the backing of the citizens.

As former Governor Charles A. Sprague has remarked, "Law enforcement depends in a large measure on local pressures. Like liberty it calls for eternal vigilance. Unless the public insists on strict law enforcement, officials are apt to grow lax and tolerant of violation until some scandal breaks which stirs them to action."

The citizen's part

Yes, law enforcement isn't just the job of the cop on the beat. Citizens should be playing an equally important role. There are many ways you can help.

- Meet your law enforcement officers city, county and state. Policemen
 are human beings. Most of them are family men, and they like to have
 good citizens for their friends. Show them you are interested in the
 kind of job they are doing. Ask them how you can help.
- Report to your police and public officials those persons whom you have reason to feel are engaged in the organized prostitution racket.
- If you can't get action, form a citizens' group to support your law enforcement officials in creating a wholesome community.
- Lend your support in raising educational qualifications and salaries of police officers. The key to good law enforcement lies in professionalizing police work. If you don't think so, look at the FBI.
- Support appropriations for crime-prevention activities like youth centers and recreational facilities.

The licensed brothel has no place in a sound public health and social welfare program. You, the citizen, if you are willing to make the effort, can do much to reduce your city's crime potential and help in preventing the illness, unhappiness and tragedy growing out of venereal disease and prostitution.

James Bronson Reynolds



Pioneer in the fight against commercialized prostitution

As if thoughtfully designed for the purpose, the personality, training and experience of James Bronson Reynolds prepared him to make his great and unique contributions to social welfare and particularly to the social hygiene movement in the United States.

Broadly educated at Yale and Columbia, widely traveled in Europe and the Far East, acquainted with the poor and neglected of our greatest city through his social settlement work, familiar with practical politics and government as seen from inside Seth Low's reform administration of New York City and as a member of Theodore Roosevelt's "kitchen cabinet," devoted to civic welfare as to a modern religion, Reynolds was the first to differentiate sharply between essential facts and hysterical fancies in the early vice investigations and to plan a sane, practical, socially just program for combatting commercialized prostitution and the related traffic in women and girls.

By following the broad program designed by Reynolds the people of the United States have reduced commercialized prostitution nearly to a minimum and have virtually eradicated the white slave traffic.

One who knew him well recently wrote the following comment on Reynolds' personality: "My first impression of Mr. Reynolds remains fresh in my memory after nearly 40 years have passed. In the spring of 1914 President Charles W. Eliot sent me from the graduate school of Harvard University to the newly founded American Social Hygiene Association, of which he was president. I was an applicant for a position as field secretary, and President Eliot 'recommended me to the consideration' of Mr. Reynolds, the general counsel and senior director of the Association.

"Mr. Reynolds received me at the Association's office at 105 West 40th Street, New York City. A man of slight figure and medium height, he possessed great dignity and at the same time extraordinary warnth and friendliness of personality. On that occasion and always when he appeared in public Mr. Reynolds wore the formal attire of distinguished lawyers of that day—a long morning-coat, striped trousers, winged collar, Ascot tie, black shoes with spats. Far down his nose he wore a pince-nez with a ribbon attached.

"Regarding me with a twinkle in his bright blue eyes he greeted me, as he did everyone, with a humorous remark and a smile that seemed to say, 'Don't take the regalia too seriously.' He welcomed me as though I were someone important with whom it was a privilege for him to confer.

A revealing interview

"The morning passed swiftly in pleasantest conversation during which, I realized later, Mr. Reynolds learned all about me—my background, education and experience, my interests and ambitions and even my pitifully amateur ideas about the future of the new social hygiene movement. He seemed especially interested in the fact that I expected soon to marry. Very happy in his own marriage, Mr. Reynolds attached great importance to the influence of a wife on her husband's career.

"At the time of this first interview, 10 years before his death due to heart disease, Mr. Reynolds was already suffering considerable pain. Several times during the morning he paused to take drugs to ward off an attack of angina pectoris. This he did with a humorous remark about 'keeping the old hulk afloat a little longer' and 'athlete's heart.' He had been a topnotch runner at Yale.

"His gentle but penetrating questions, his whimsical observations on current affairs, his beautiful voice and polished speech often hesitating over the choice of the exact word, his worldwide experience, his kindness and humor held me captive as it had so many others who came under the spell of his charm and felt the inspiration of his social vision.

"I had come as an applicant for a position with a good salary attached. I left hoping ardently for an opportunity to work with James Bronson Reynolds for the great objectives he envisaged. He remains to this day my ideal of a cultured gentleman fully dedicated to the service of humanity."

According to the obituary record of Yale graduates, 1923–24, Mr. Reynolds was born in 1861, in Kiantone, N. Y., the son of a Congregational minister. After graduating from Yale in 1884, he spent a year abroad, traveling and taking courses at Paris and Heidelberg. Upon his return, he attended Yale Divinity School and was on the graduate committee of the Yale YMCA. He then studied law at New York University and was admitted to the bar.

In 1910 he became assistant district attorney of New York and as head of the Complaint Bureau was counsel to the grand jury summoned to investigate the white slave traffic. In 1913 he became counsel to the American Social Hygiene Association and American Vigilance Association, and was a member of the Committee of Fourteen, which worked to suppress houses of prostitution.

Hc was chairman of the executive board of the Volunteer Defenders Committee in 1917 and engaged in logal investigations for the intelligence division of the War Department for three months in 1918.

The breadth of his interest was further demonstrated in his being president of the American Institute of Criminal Law and Criminology, and in his contributions to the *Atlantic Monthly*. Other groups to which he belonged or in which he held office were the Social Reform Club, Society of the Friends of Russian Freedom, National Prison Association, American Bar Association, New Haven County Bar Association, National Municipal Reform League, Century Association, and Municipal Art Society. He was a member of the Madison Avenue Presbyterian Church in New York City.

In 1898 he was married in London to Florence Blanchard Dike of New York City. They had no children. He died in 1924.

The events and influences that brought Mr. Reynolds into a position of leadership in the early fight against commercialized prostitution and the white slave traffic are best described in a short account written by Mr. Reynolds himself for the *Journal of Social Hygiene* in October, 1919.

Pioneer experiences

"My determined purpose to fight commercialized vice came through a series of shocks which roused me to serious consideration of the problem. In London in 1835, just out of Yale, I witnessed the demonstrations following exposures by William T. Stead of the traffic in girls in that city. His *Maiden Tribute to Modern Babylon*, as will be recalled, startled and appalled England.

"Popular resentment was further inflamed by the miscarriage of justice which let the actual malefactors go free, but because he had brought the iniquities to light sent Stead himself to prison on a technicality. Indignation over this injustice became so hot that a sluggish and unwilling Parliament was compelled to enact the drastic legislation demanded, while platforms rang with condemnation of the pusillanimous public authorities.



Mayor Seth Low

"Years later I was asked by Bishop Potter to a preliminary reading of his great philippic to the mayor of New York against debauching the poor through the monstrous traffic in vice then officially tolerated in the city. The document breathed the fire and eloquence of Savonarola, and was a moral revelation and the beginning of a moral revolution.

"But before this trumpet-call there came to me an awakening through a 'contact shock.' While I was head worker of the University Settlement, New York, a workman told me an experience which had stirred all the manliness in him. He was a shrewd man, one not easily excited. As a gas inspector he had recently entered a house of prostitution in the block next to that in which I lived and by chance had got into conversation with some of the girls in the absence of the madam.

"They told him that a few months before, a Pennsylvania farmer's daughter, flaxen-haired and with a sunny smile that attracted them all, had been enticed to New York by means of an advertisement for a nurse girl. She was brought to this house and after a couple of days of 'treats and junketing' with the madam was told the life for which she was destined. On her knees she pleaded for release, but in vain. She was locked in an inner room and made the victim of the first comer who would pay the price for her innocence.

"Close confinement continued until her spirit was broken. She remained three months in the den of shame until sent to a hospital to die from venereal disease. That such a hideous tragedy had occurred almost within call was a shock that struck home, and my personal duty to take part in the fight was made clear and irresistible.

"Within a year a chance for aggressive action came through the invasion of our respectable tenement-house neighborhood by the infamous 'red light.' With Robert Paddock, now Episcopal bishop of eastern Oregon, and others, I joined in insistent protest to the police, and at the request of the district attorney became the complaining witness in a test case against a prominent police official.

"Before the police case was closed I had become secretary to the mayor of New York. Information soon came to me that employment agencies licensed by the city, especially those dealing with immigrants, were sending girls to houses of prostitution, receiving for the job many times the price paid for placing a girl in a reputable position.

"To be sure of my facts before calling in the police and having no public funds at command, I laid my information before the late Grace H. Dodge. With a quick generosity she agreed to meet the expense of the inquiry. My investigator found the managers of 67 out of 300 agencies in New York willing to 'deliver the goods,' the only condition sometimes imposed being that the girls should be taken out of the city 'so that there would be no comeback.'

"I then sought police aid. Arrests followed and the first convictions in New York City of employment agents for this offense.

"In this inquiry I learned the ease with which an interstate traffic in vice could be carried on because of defects in state laws, the hampering territorial limitations of municipal police jurisdiction and the need of standard state laws and of national legislation. The importance of these national laws, later passed, was fully appreciated by the then attorney general, Mr. Wickersham, who told me that during their first year on the statute books he spent more money to establish high standards for their thorough enforcement than for the application of any other national law except the Sherman Act.

A twentieth-century spirit

"My various actual experiences and deeper study of the problem gradually forced me to abandon the generally accepted belief of the 19th century, that some form of toleration and segregation with medical supervision was on the whole the best means by which this ineradicable evil could be restrained and reduced. Furthermore, I saw that in this field must be applied the same exact scientific method that had been found essential for the understanding and handling of other economic and social problems.

"While in the office of the district attorney of New York County, I was assigned for six months as special counsel to the so-called white slave grand jury, of which Mr. John D. Rockefeller, Jr., was foreman. The investigations, resulting in 26 convictions, brought out in appalling clarity the ruthless commercialism and sinister solidarity of the underworld of vice.

"Another experience brought me into direct touch with the demands of the international problem. In 1906, under President Roosevelt, I was at work



Theodore Roosevelt

on certain matters of social reform, when Dr. O. Edward Janney, chairman of the National Vigilance Committee, of which I was a member, came to Washington to promote the ratification of the International White Slave Treaty, already approved by the Senate, but pigeonholed thereafter. On his request I secured an audience with the President, who gave us immediate authorization to ask the Secretary of State to act in the matter. Prompt ratification followed, and our country thus joined the league of nations to suppress the international commerce in women.

"All my varied experiences have taught how extensively the vice traffic interpenetrates other social and economic relations, and my conviction has deepened that commercialized prostitution is essentially a form of slavery, whether economic, physical, mental, or moral—a slavery against which every nation whose citizens believe in justice and righteousness must wage relentless war.

"Faith that commercialized vice as a trade may be practically wiped out has grown with the success that has attended less than two decades of strong organized effort in this country. Education of public sentiment, constant pressure on public officials, steady promotion of clear-cut legislation, and faith, eternal faith, will secure progressive victory.

"That victory may not mean the extinction of immorality nor the ending of prostitution, but it will mean the end of red-light districts, tolerated vice, police

protection of houses of prostitution, alliance of public officials with protected vice, and the intermunicipal and international traffic in women. It will mean the curtailment of venereal diseases and a host of ills directly and indirectly consequent thereon, the education of youths and adults as to one of the fundamental facts and forces of life, and the abolishment of the cruel exploitation of weak and defenseless girls and women in order to maintain a traffic no longer regarded as a 'necessary evil,' but as an intolerable iniquity."

James Bronson Reynolds was head resident of the University Settlement in New York City at the same time that Jane Addams presided over Hull House in Chicago and Robert Woods directed the activities of South End House in Boston. These three great leaders, with a few others, were the founders of the modern scientific method in social work—a method based on careful study of actual conditions and requiring highly specialized professional training.

Mr. Reynolds brought this method to bear on the problems of commercialized prostitution at a time when the social hygiene movement was little more than an outcry of horror against the savagery and greed of exploiters and traffickers newly exposed by publicity attending numerous vice investigations.

No easy victory

Reynolds foresaw that the fight against this social evil must be a long, hard one that could be won only in proportion to the development of high standards of morals in government and a sense of responsibility on the part of leaders for the protection of the poor, ignorant and helpless. This, he saw, would involve wise and accurate, not sensational and exaggerated, educational programs designed to reach thoughtful people.

Reynolds conceived of the rounded attack on commercialized prostitution as starting with efforts to knock the profits out of this business. He understood that the profit motive was a principal factor and that to the excnt that profits and profiteers could be eliminated this ancient evil, previously considered necessary, could be reduced in volume and flagrance. Third-party interest, certainly not the interest of the victimized woman nor her customers, kept the business going.

The brothel institutionalized this exploitation and provided an open and convenient market where girls could be and were sold into virtual slavery. A most important step in eliminating the white slave traffic was to outlaw and close all brothels.

British leaders, notably Josephine Butler, had already pointed out that it is intolerable that the state, through local governments, should profit by and be a partner in the prostitution business through any system of licensing. This was the position of the "abolitionist," who urged the abolition of all regulations which implied any responsibility whatever on the part of the state for the safety or sanitation of commercialized prostitution. Reynolds went further—and carried American leaders with him—in demanding that the state eradicate

the prostitution business itself as obviously contrary to public welfare. He cited the legal principles underlying social and police measures for accomplishing these ends.

At a time when the individual prostitute was regarded by good people generally as an unspeakable outcast worthy only of the gutter and prison, Reynolds was able—because of his intimate knowledge of and sympathy for the poor and neglected people of great cities—to view her as "more sinned against than sinning," victim of the atrocious avarice of exploiters and of the indifference and ignorance of Christian communities. He was, in fact, one of the first Americans to have the courage to look deeply into the cesspool of commercialized prostitution and feel pity for the victims who struggled there for a while . . . until they realized that they had been abandoned by all respectable people and presumably also by God. He felt burning indignation against those who made moncy out of so cruel a business and he knew that the surest way to correct the evil was to turn upon it the spotlight of truth by means of scientifically accurate publicity.

Reynolds rightly assumed that when decent people knew the truth they would act correctively. His own social status, culture and refinement made it easier for other leaders to join him in a sane approach to a formidable undertaking—nothing less than changing radically the prevailing attitude of the public toward prostitutes and their exploiters.

To work out the practical details of the broad design conceived by Reynolds was the task of other men and women. A brilliant little group of young men picked up this task and worked at it year after year until they achieved their first goals—they built up public opinion against commercialized prostitution, they saw to it that social and legal instruments were devised and generally used in the United States, and they established an independent voluntary agency—the American Social Hygiene Association—not subject to political tides, which continues to press onward toward the distant goals set by the founding pioneers.

Another generation

Most eminent among these men—young when they began work—are Bascom Johnson, who in a lifetime effort became the acknowledged legal authority in this field of law and public administration, and Paul M. Kinsie, whose factual studies of prostitution conditions beginning in 1913 and continuing to the present have provided the solid foundation for the great success of the American Social Hygiene Association's efforts in legal and social protection.

In his brief and simple address at the time of Mr. Reynolds' funeral, the Rev. Richard T. Elliott, pastor of the church to which Reynolds belonged, truly said: "If the estimate of a man's value to society rests upon the number of those he has inspired, many would testify to the worth of this man."



A House Is Not a Home, by Polly Adler (New York, Rinehart, 1953, 374 p. \$4.00) is the story of New York's most famous madam in the lush 20's and sobering 30's. The reviewer is ASHA's director of legal and social protection.

Polly Adler's book, a best seller for months, still attracts attention. Apparently, the book's subject rather than its literary quality boosts sales.

The author, former member of the "oldest profession," discloses much of her life history but glosses over many episodes in the early years of her notorious career from New York's Second Avenue to Riverside Drive.

Polly dedicated her book to her "friends." Doubtlessly a number of her former inmates, if they read her story, will say, "She can't mean me." Those who knew her and watched her climb to fame realize she knew all her trade's tricks, and most of the answers. They also know she was not always the good Samaritan she repeatedly portrays herself to be in her book. Like her contemporaries, Polly pocketed the lion's share of her ill-gotten gains, and had the reputation of never giving a sucker a break. Her ego, apparently, led her to glamorize her establishments, for she knew full well her resorts never were in the same league with Nettie Gordon's in Pittsburgh nor Vicki Shaw's in Chicago. She tries to convey the impression that she was more exploited than exploiting, but she was as avaricious as the worst of them and no better than the best.

Like many others, she nurtured the illusion that a weekly examination of her "girls" meant safety and protection for her patrons.

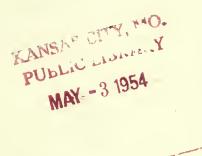
And as for what she thought of those she exploited? Let her tell you: "Who wants to be a pariah, a social outcast—treated with contempt, jailed, beaten, robbed and finally kicked into the gutter when she is no longer salable? A prostitute can count on no more than 10 money-making years. Then she is through—if not dead or diseased, so broken by drugs, alcohol and the steady abuse of her body that no one will hire her again."

Finally, after 32 years in the racket Polly decided to quit. The main reason she offers is "I wasn't born in a whorehouse and I'm not going to die in one." She forgot to add that the going got too tough.

Paul M. Kinsie

journal of SOCIAL HYGIENE











APRIL, 1954

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About our cover . . .

Accent on health and happiness. Fourth of a series of Journal covers.

Harriett Scantland, Editor Elizabeth McQuaid, Assistant Editor

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An editorial

Of all serious communicable diseases, venereal infections alone can be diagnosed and treated with surety. But our medical know-how accomplishes nothing unless we find those who are infected.

Here is the crux of the VD problem.

The job is to get penicillin into the people who need it, even when they may not know they need it. It is dangerous to allow infectious syphilis to erupt in epidemics; it is just as dangerous to allow latent syphilis to bide its time while it destroys the unknowing.

VD's sorriest victims are the young, whose headlong pursuit of happiness too often leads them to tragedy. Our future depends on them.

Our nation's defense depends on our people, peculiarly mobile, moving from north to south and from east to west as no other people have done before. If as they move they carry with them patterns of behavior too often promiscuous, venereal disease moves with them.

We have no mathematical formula for predicting just where or when or how VD will strike. We do know that the rate of increase is cumulative and the progression sometimes geometric.

Serious and sizable, the VD problem—like its human victims—is complex and unpredictable. It is a community problem, and regional, and national, and international. Not without justification the people of our country look to Congress to protect their health by appropriating sufficient funds for effective VD control.



The adolescent becomes a social person

by Margaret E. Tresselt

One of the most difficult problems the adolescent must face is making the transition from a somewhat passive social life to a rather active one. Instead of being in a social group because he lives in the neighborhood or because he possesses certain toys, the adolescent generally finds that he must now do something to get and maintain status. This movement toward the expansion of social contacts accompanies two other changes for the adolescent—emancipating himself from his parents and achieving heterosexuality. All these shifts of interest affect the adolescent's interpersonal relationships.

Ordinarily, the chief opportunities for these relationships lie in the school and the neighborhood. Friends of adolescents usually live in the same vicinity and are generally the same age. Since local schools and colleges serve students from a surrounding neighborhood, and since classes are populated by a given age-range, most of the adolescent's friends are his schoolmates.

Wherever the adolescent meets his friends, he generally wants them to be friendly, well-mannered, cooperative with a group, and loyal to friends. He is attracted to those who enjoy hearing or telling jokes, and who have many friends themselves. There may be, however, some differences between the precollege and the non-college groups. For example, the non-college adolescent might want his friends to be listeners or good athletes, more than the pre-college boy or girl.

In addition, there may be some differences between the sexes in the characteristics they look for in their friends. Often boys expect their boy friends to be good sports and to be interested in the same activities. Girls consider the social status of their boy friends. A chum or pal is by definition a friend of the same sex and, essentially, is expected to be the closest friend. While girls seem to feel free to discuss anything or everything with their chums, boys are a little more reserved.

In school the clique consists of about two to nine boys or two to 12 girls. A typical nucleus of adolescent activities, the clique can be advantageous and disadvantageous at the same time.

The advantages—

- The group offers a feeling of security to its various members.
- Usually it provides a pleasurable pastime—playing, talking or eating.
- Within its confines the adolescent has experience in getting along with people, developing some tolerance and understanding, and learning social skills.

The disadvantages—

- Because of the clique, the adolescent neglects other responsibilities.
- He may become snobbish.
- The non-member is lonely.

A common enough story of the disadvantages concerns sororities and fraternities. One girl who aspired to belong to a certain sorority received an invitation to attend a dance which she was told would be a stag affair and nothing but sports clothes would be worn. The girl purchased a complete sports costume at considerable expense and went stag, only to find that all the girls went formal and none went without escorts. She was literally laughed out of the occasion. The experience was one that approached a traumatic shock for her, and she left college.

As the adolescent expands his social contacts, he should be making good heterosexual adjustments. If he is to learn to get along with the opposite sex he needs an environment where there is a sufficient number of the opposite sex.

But even if this condition is met, many young people in coeducational situations are uncomfortable and do not know what to say to each other. Here parents need insight to be encouraging and sympathetic to the problem. Unfortunately, companions, and not parents, give much basic information concerning the opposite sex. This inhibits adolescents from speaking frankly with their parents. Boys, particularly, get their knowledge from friends, while girls generally get more information at home.

In the earlier stages of heterosexual development some adolescents may experience sex aversion. This is often the result of social causes, and not necessarily just physiological causes, as is so often claimed. It would seem



Educated at Barnard, Columbia and Rutgers (Ph.D.), she has taught at Union Junior College and Hunter.

Onetime Naval Research Office psychologist, she is now assistant professor of psychology at New York University.

Margaret E. Tresselt



as if it were the timing and the quality of the revelation of the facts of life, rather than the type of information, which give rise to unfavorable attitudes.

Adolescent idols

Far more noticeable in our society is the "crush" state, consisting of an attachment toward a member of the same sex. This often occurs during the sex aversion period, and lasts from one to six months. In general, crushes seem to be more common among girls than among boys.

A woman teacher was the subject of a crush by a 16-year-old girl who wasn't even in her class but who visited the teacher after each of her classes was dismissed. The adolescent became so adoring of the teacher that she would stroke the instructor's hair whenever the other adolescents' attention was directed elsewhere.

The usual technique for handling this situation is to avoid meeting the adolescent alone, and to assign to her one or more tasks (which please the adolescent) until such time as she outgrows the crush stage.

Another rather common stage is that of hero-worshipping. In this period the adolescent is attracted to a person who is appreciably older. These persons may include such diverse figures as baseball stars, teachers, Hollywood actresses, pilots. One young man wrote of his teacher—"I finally met her, the girl of my dreams. She's quite a dish. She's personality personified. Right now I'm writing . . . while thinking of this dream come true. I can't say she isn't giving me a second look, but that look isn't what I want, so I'll go ambling along worshipping her from afar."

As the adolescent grows older he tends to select friends of the opposite sex from an age-group more or less the same as his own. At this time boys indulge in wisecracking, teasing and rough-housing, and they wear extreme styles of clothes; girls often use too much make-up or adopt eccentric styles of hairdress.

Most adolescents mature within a few months of each other and so can keep in the social swing of things. The late maturing girl tends to pick a younger group for companionship. As a result, she may have to face some social problems. The late maturing boy is readily accepted by a younger group and maintains his status in this group even when mature.

Between 16 and 20 dating becomes most significant, particularly for the girl. Both the boy and girl enjoy this romantic love pattern, but most frequently it's the boy who complains that the girl wants to get married, and this pressure creates problems for the disinterested or economically unprepared young man. In some coeducational colleges the standard joke is that certain girls are taking the "pre-wed" course.

Courtship

The stages in the courtship pattern move from free-ranging among members of the opposite sex to going steady, the formal engagement, and finally marriage.

During the exploration period of courtship, there are several bases for attraction—physical beauty, manner of dressing, age, intelligence and education, personality, similarity of interests, religious faith, family background, residential propinquity (having to travel for one hour or more has deterred many a swain from pursuing his lady fair), and occupational relation. (It is usually more difficult for a young man to woo his superior as a female than for the boss to fall in love with his female secretary.)



Preferred

The boy or girl expects his dates to be able to dance, converse, have good manners, be considerate, be attractive and have a generally pleasing personality. In addition, the girl usually expects her future husband to be attentive and understanding, a potentially good provider and vocationally ambitious. For a marital partner the boy seeks the girl who gives promise of developing into a competent home manager and effective parent.

When young people finally select a steady date they characteristically react by-

- expressing mutual affection.
- sceking constant association.
- exchanging confidences.
- collecting keepsakes of the loved one.
- idealizing the partner.
- doing services for the loved one.
- indulging in moments of jealousy and quarreling.
- creating poetry or fancy phrases.

If all goes well the couple become engaged and finally marry. But whether or not they marry, they both usually adjust to the new status of adulthood.

CREDITS

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State laws for healthy families

by William J. Petrus

Before the first premarital blood-test law syphilitic men and women often asked physicians whether they could safely marry. In the course of time it became clear that public health depended on far more rigid controls than the chance visit of an engaged couple to a doctor's office. In 1935 Connecticut adopted the first state law requiring blood-tests of both bride and groom before issuing a marriage license, and started a nation-wide trend to protect the health of families by law.

In 1938 the health of unborn babies became a legislative concern when New York enacted the first state law requiring blood-tests of expectant mothers. In the years since then, as health officials and citizens recognized the value of these laws, a great majority of the states have enacted them in what someone once called "a legislative landslide unsurpassed in speed and scope."

By the end of 1953, 39 states, Alaska and Hawaii required—before they issue a marriage license—a clinical examination and laboratory test for syphilis and an examining physician's certification that the applicants do not have communicable or potentially communicable syphilis. Louisiana requires these tests only of the bridegroom. The eight states that don't provide this protection are Arizona, Maryland, Minnesota, Mississippi, Nevada, New Mexico, South Carolina and Washington, plus the District of Columbia, Puerto Rico and the Virgin Islands.

STATES THAT HAVE ADOPTED PREMARITAL EXAMINATION LAWS

1935	1937	1938	1939	1940
Connecticut	Oregon Illinois Wisconsin Michigan New Hampshire	Rhode Island New Jersey New York	West Virginia Indiana South Dakota Tennessee North Dakota North Carolina Colorado Pennsylvania California	Virginia Kentucky

Forty-two states, Alaska, Hawaii and the Virgin Islands protect babies from syphilis by requiring blood-tests of expectant mothers. The District of Columbia, Puerto Rico and six states—Alabama, Maryland, Minnesota, Mississippi, Tennessee and Wisconsin—lack such a law.

The estimated 2,500,000 blood-tests made each year under these laws discover and prevent many thousands of cases of syphilis. Fifteen years ago 28 infants died of syphilis for every one that dies today.

Although now prenatal and premarital blood-tests discover fewer cases of syphilis than they once did, public health officials generally believe these laws a basic tool in case-finding, disease prevention and health education.

It's up to the physician

The premarital blood-test law doesn't permanently prevent the marriage of a person with syphilis, but only delays the marriage of those with communicable or potentially communicable syphilis until they're noninfectious. The physician asks himself two questions . . .

- Does the candidate for marriage have syphilis?
- If so, is the disease in a stage or form that is or may become communicable?

No rule of thumb supplies the answers.

A standard diagnosis—full history, careful clinical examination and confirmed or repeated blood-tests—will determine whether the patient has syphilis. If the results of all these procedures are negative, the physician assumes the patient is not infected.

A negative blood reaction alone does not rule out the possibility of syphilis. As a matter of fact, syphilis in the early stage of the chancre may give a negative blood reaction. On the other hand, many conditions other than syphilis occasionally give a positive reaction. A single positive blood-test unsupported by

1941	1943	1945	1947	1949	1953
Utah	Wyoming	Oklahoma	Montana	Georgia	Arkansas
lowa	Idaho	Hawaii	Kansas	Alaska	
Maine	Nebraska	Florida	Delaware	Texas	
Vermont	Missouri		Alabama		
Ohio	Massachusetts				

clinical evidence or a history of syphilis, is not evidence of the disease, but only indicates the need for further investigation.

If the diagnosis is syphilis, then the premarital law obligates the physician to determine whether or not his patient actually or potentially can infect the person he plans to marry.

Syphilis in the lesion stage is communicable. If untreated, early latent syphilis is potentially infectious. But after a patient has had syphilis for five years, he probably won't infect others. It's not easy, though, to be sure how long a patient has really had the disease, nor does duration always determine communicability.

Others who aren't liable to pass on their infection are late syphilities and congenital syphilities.

Neurosyphilis

When a physician finds that the patient maintains a fixed positive blood reaction, he examines the spinal fluid. If this along with the patient's history and physical examination indicates neurosyphilis, the law does not bar his marriage . . . neurosyphilis is noninfectious. But because of the possibility of his being disabled later, his marriage may be tragic. If both applicants for marriage already have syphilis, they can't infect each other. Though legally they could probably marry, they're endangering any children they may have.

Adequate treatment can make syphilis—no matter what stage it's in—non-infectious.

Sometimes an infected candidate for marriage has had some previous treatment. If his serologic reaction remains positive two years after he's completed his treatment—no matter what kind—the physician has to study the case pretty thoroughly before signing the certificate that paves the way to a marriage license.

1938 1939 1940 1941 1942 New York Indiana Kentucky Wyoming Virgin Islands New Jersey Delaware Louisiana Utah

STATES THAT HAVE ADOPTED PRENATAL

Massachusetts

New York Indiana
New Jersey Delaware
Rhode Island South Dakota
Oklahoma
Washington
North Carolina
Maine
California
Michigan
Iowa
Pennsylvania
Illinois

Wyoming
Utah
Oregon
Nevada
Vermont
Connecticut
Missouri

EXAMINATION LAWS

If a doctor gives a certificate to a woman who has syphilis, he does well to warn her about the risk to her future babies, and to urge her to put herself under a doctor's care if she becomes pregnant. If her medical care is adequate, her children will almost surely escape congenital syphilis.

Some state laws provide that if the prospective bridegroom, for instance, has syphilis, his bride-to-be must be told . . . then they may receive a certificate and marry. Rather than see the marriage postponed for two years, some physicians permit the couple to marry immediately after the patient has received adequate treatment, provided they fully understand the risks involved.

Lest he make a serious mistake, a physician has to know a good deal about syphilis or have his patient consult a syphilologist before he permits the marriage of a person with the disease. He needs to consider many factors—the stage and duration of the disease, the age and scx of his patient, the amount, kind and method of treatment—and all require expert evaluation. Most state and large-city health departments now offer physicians the consultant services of trained syphilologists when the patient can't pay a private doctor's fee.

Prenatal precautions

In its usual form, the prenatal law provides that a physician (or any other person authorized to attend an expectant mother) take a sample of the mother's blood. This is then sent to an approved laboratory for a standard test for syphilis.

An infected mother may directly transmit syphilis, unlike most diseases, to her child before birth. Thousands of babies are born dead, or die young, because

1943	1945	1946	1947	1949	1950
Idaho	Montana	South Carolina	Arkansas	North Dakota	Virginia
Georgia	Arizona	•	New Hampshire	Alaska	
Kansas	West Virginia			New Mexico	
Nebraska	Florida			Texas	
Hawaii	Ohio				_

of syphilis . . . but if the disease is discovered in the mother early in pregnancy and if treatment is promptly provided, the baby has a very good chance of being born healthy.

A few states have been considering the advisability of repealing their premarital blood-test laws because the number of early syphilis cases found has decreased. Others feel repeal would be premature while there are as many as 2,000,000 untreated syphilis cases in this country. Most VD experts believe many syphilitics would go untreated and infect others, were it not for the blood-test laws, and believe the problem is to make the laws universal and uniform. They think it doesn't make any more sense to do away with the blood-test laws than it would be to stop testing our drinking water as a means of controlling typhoid.

Uniform laws

In an effort to stabilize the laws, in 1950 the National Conference of Commissioners on Uniform State Laws drafted a marriage license application act and a prenatal blood-test act, and recommended them to all 48 states. If you want to see how your present state law measures up, you can get a copy of the laws recommended by the Commissioners from Barton H. Kuhns, secretary, 1419 First National Bank Building, Omaha 2, Nebr.



Law graduate of St. John's University in Brooklyn, lawyer, W. W. II volunteer, Red Cross field director. Now an ASHA field representative. He and his wife, Mary, have two children.

William J. Petrus

STATE LAWS ON PREMARITAL EXAMINATIONS

(As of December 31, 1953)

All states having premarital laws require a standard serologic laboratory test for syphilis and, with the exception of New Jersey and North Dakota, a physical examination. A few states also require a physical examination for gonorrhea and other venereal diseases.

					Out of stat	•
	PH	ysical exami	nation	Days	certificate	
State	Syph.	GC.	Other VD	test valid	acceptabl	e for license
Alabama	Yes	Yes	Yes	30	Yes	0
Arizona		No Law	,			0
Arkansas	Yes	No	No	30	No	3
California	Yes	No	No	30	Yes	0
Colorado	Yes	Yes	Yes	30	Yes	0
Connecticut	Yes	No	No	40	Yes	5
Delaware	Yes	No	No	30	Yes	0
						24 hrs. residents
						4 days non-res.
District of Colum	nbia	No Law	,			4
Florida	Yes	No	No	30	No	3
Georgia	Yes	No	No	30	Yes	0
						(5 days when ap-
						plicant is under
						age)
Idaho	Yes	Yes	Yes	30	Yes	0
Illinois	Yes	Yes	Yes	15	No	0
Indiana	Yes	No	No	30	No	0
lowa	Yes	No	No	20	Yes	0
Kansas	Yes	Yes	Yes	30 residents	Yes	3
				20 non-res.		

					Out of state	Days
		hysical examina		Days	certificate	waiting period
State	Syph.	GC.	Other VD	test valid	acceptable	for license
Kentucky	Yes	Yes	Yes	15	No	3
Louisiana		mination requir		15	Yes	3
		y of bridegroor		, ,		
Maine	Yes	No	No	30	Yes	5
Maryland		No Law				2
Massachusetts	Yes	No	No	30	Yes	5
Michigan -	Yes	Yes	Yes	30	Yes	5
Minnesota		No Law				5
Mississippi		No Law				0
					(5	days when ap-
					pl	icant is under
					aç	ge)
Missouri	Yes	No	No	15	Yes	3
Montana	Yes	No	No	20	Yes	0
Nebraska	Yes	No	No	30	No	0
Nevada		No Law				0
New Hampshire	Yes	Yes	No	30	No	5
New Jersey	No	No	No	30	Yes	3
New Mexico		No Law				0
New York	Yes	No	No	30	Yes	F
New York City	Yes ,	No	No	30	Yes	3
North Carolina	Yes	Yes	Yes	30	No	0
North Dakota	No	No	No	30	No	0
Ohio	Yes	No	No	30	No	5
Oklahoma	Yes	No	No	30	- No	0
Oregon	Yes	Yes	Yes	30	No	0
Pennsylvania	Yes	No	No	30	No	3
Rhode Island	Yes	Yes	No	40	No	0
				je.	(5	days for fe-
0 1 0 1				•,` >	mal	e non-residents)
South Carolina	v	No Law	N	20		1
South Dakota	Yes	No	No	20	Yes	0
Tennessee	Yes	Yes	Yes	30	Yes	3
Texas	Yes	No	No V	15	No	0
Utah	Yes	Yes	Yes	30	No Yes	0 5
Vermont	Yes	No	No	30	No	0
Virginia Washington	Yes	No No Law	No	30	140	3
Washington	Yaz	No Law No	No	30	No	3
West Virginia	Yes Yes	Yes	Yes	15	Yes	5
Wisconsin	Yes	Yes	Yes	30	No	0
Wyoming	res	162	162	30	140	o o
Islands and						
Territories						
Alaska	Yes	Yes	Yes	30	Yes	3
Hawaii	Yes	No	No	30	No	3
Puerto Rico		Puerto Ric	o does not ha	ave a premari	ital or prena	tal law. How-
	•	ever, there	is a space o	n each "Cert	ificado de N	Aatrimonio" for
		a physician to state that applicants do not have mental disease,				
		epilepsy or	syphilis.			•
Virgin Islands		No Law				
		-				

The challenge to

VD control today



Reservoir of infection . . . Over 2,000,000 people in the United States have undiscovered and untreated syphilis in spite of gains in VD control in the last 10 years. Case-finding is still a task that faces public health departments.



Selective blood-testing . . . Sidewalk blood-testing helps find undiscovered cases of syphilis in a New York City neighborhood where the incidence is high.



Public information . . . Films, lectures, pamphlets, radio broadcasts, TV programs, magazine and newspaper articles alert people to the dangers of venereal disease, and help bring undiscovered cases to examination and treatment. Each year Michiganders see VD films in a tent at the Michigan State-Fair.



Laboratory testing . . . State technicians analyze blood samples taken during selective testing or by doctors during premarital and prenatal examinations.



The man posing as a patient is

Physical examination and diagnosis . . . Clinic doctors or private physicians examine and diagnose those whose blood-tests indicate they may have syphilis.

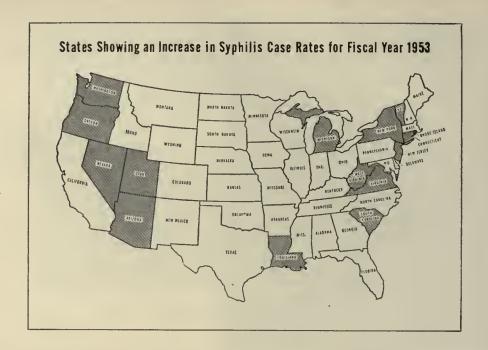


Treatment for syphilis ... Early cases, quickly treated today, can go about their regular duties. New antibiotics cure syphilis with one injection ... a doctor can treat a patient in one office visit. The patient who is diagnosed and treated early loses no time from work and does not have to go to a hospital.



the man posing as a parient is a model.

Contact investigation . . . Interviewing the patient for his sex contacts is an important step in stopping the spread of syphilis. At health department clinics sympathetic and confidential interviewers help bring contacts to examination and treatment, help reduce the reservoir of undiscovered, untreated syphilis. When private physicians promptly report cases under their care to the health department, contact investigators help them break the chains of infection. Health department interviewers and investigators cooperate with private physicians to find other cases in the chain . . . all in the strictest confidence. Conscientious reporting by private physicians also enables health officers to measure the extent of VD in a community and set up safeguards to protect residents.



A second look at VD statistics

Dr. C. D. Bowdoin, Georgia's VD control chief, looked graver than usual the other day. He was studying the federal budget for VD control.

"Look at this," he said. "\$17,000,000 in 1948 and only \$2,300,000 in 1955! Why, a germ doesn't give a hoot about a balanced budget! You can't ignore a disease out of existence."

Many of the country's public health mcn don't want to ignore venereal disease. They've learned to respect its unpredictability . . . to fear its alternate periods of apparent decline and resurgence . . . to dread any kind of complacency toward VD control.

In fact, three national VD organizations are so uneasy about the possible effects of too drastic cuts in appropriations that they've called for a Congressional study of the VD control situation. In a recent statement—you can get a copy by writing to the Journal—the Association of State and Territorial Health Officers, American Social Hygiene Association and American Venereal Disease Association pointed out that "too early and too abrupt reductions in federal support for VD control have already jeopardized the nation's tremendous investment in money and effort."

Like Dr. Bowdoin they see in further reductions an ominous threat to our country's health and welfare. They too know a germ doesn't give a hoot about a balanced budget.

A moment's look at the figures will convince you that the cuts are drastic. Take the proposed VD budget for 1955—\$2,300,000. This represents a 76% cut in two years! And to make matters worse, the states, lest they fall behind in the frenetic slashing, have followed suit by cutting down on state funds.

Well, you may object, aren't VD rates going down? Doesn't penicillin take care of everything?

Questions like these the joint statement answers straight . . . no quibbing.

First of all, there have been sharp drops in syphilis rates all along the line . . . in infectious syphilis, in deaths due to syphilis, in first admissions of syphilities to mental hospitals, in congenital syphilis. Heartwarming statistics these—a tribute to the gallant, difficult fight that has gone on in the past to relax the grip of a centuries-old disease.

Warmth or wariness

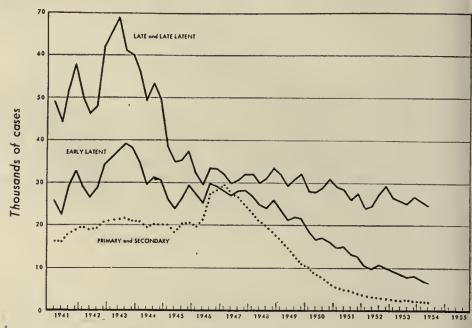
We contemplate these rates with warm hearts . . . but not with dulled minds. Perhaps your community was one that looked briefly at these rates, then closed its clinics and shifted its VD workers to other dutics. One health commissioner recently transferred 22 employees from VD work to other public health jobs. "Venereal disease is still a problem and will continue to be one," the health officer said, "but because of the lightened load it can be handled adequately by a reduced staff and reduced spending."

Yes, the load has been lightened, but what are the facts behind this deceptively light load of VD patients? In New York City more syphilis cases showed up last year than five years ago. The nation's top VD men estimate there are 1,000,000 new cases of gonorrhea every year. They estimate there are over 2,000,000 people in the United States who need treatment for syphilis. Most of these don't reach the clinics . . . if they did the load would not be light.

Of the estimated 91,000 people who became newly infected with syphilis last year, only 10% were reported and treated. About 80,000 people last year became infected and received no treatment. If found, they could have been easily and promptly treated, they would not have infected others, they would not need to fear the late, disabling effects of untreated syphilis.

But as the matter now stands, a goodly percentage of these unsuspecting people—some of them perhaps your neighbors or your co-workers—face a future ravaged by uncontrolled syphilis. James F. Donohue, principal statistician for the Public Health Service, estimated last year that if the 2,100,000 syphilities in the present reservoir are not found and treated, 249,000 of them probably will develop late manifestations. They will become the syphilitic blind, the syphilitic heart cases, the syphilitic insane . . . their losses in man-years will be 3,649,800, their income losses \$8,000,000,000.

Acquired Syphilis Cases



Cases of acquired syphilis reported, by stage, in the United States and its territories (known military cases excluded)

If ease-finding were intensified, many of these could be treated. And the cost of finding them would be negligible compared to the cost of hospitalizing them later.

So far we've been dealing with estimates. Let's eonsider the aetual reported figures. When a ease of early latent syphilis is discovered, it means the ease was not found in its primary or secondary stage. In short, the ease was missed while it was most infectious. We're missing too many eases . . . every year we're finding more early latent syphilis than primary and secondary. Dr. Thomas B. Parran, veteran VD expert, warned us years ago that syphilis ean never be controlled while more than half the eases are not recognized for more than a year after onset.

If eases are missed, if they're not found and reported, naturally VD figures are going to be lower than the actuality. If VD figures drop, the explanation may be that there are fewer cases, or that there are fewer eases being found. There is a world of difference in these two interpretations. When you look at rising VD rates, do you see an upsurge of disease . . . or more conscientious ease-finding and case-reporting?

It is this element of uncertainty in VD statistics that makes it so dangerous to place too much reliance on limite statistical signs of improvement.

Perhaps your city has a neighborhood where you know VD is prevalent. Almost every state and large city has onc. The highly promiscuous are a challenge to the best efforts of the case-finder. Paradoxically, they are the most reluctant group to seek treatment. As a reservoir of undetected infection, they are a constant threat to others.

Lest the flood gates open

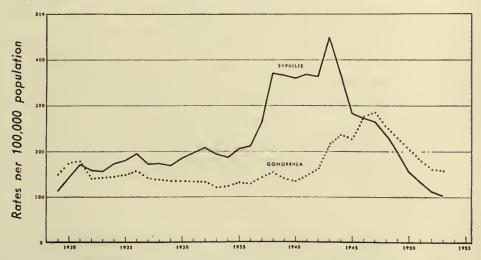
The level of the reservoir rises as more and more untreated syphilis accumulates, lowers as cases are found and treated. Dr. E. Gurney Clark, ASHA's medical consultant, warns that the reservoir is almost sure to overflow as budget cuts force a reduction in our case-finding staff.

Last year the reservoir did indeed overflow in Georgia, with 194 people involved in a single syphilis outbreak . . . in Missouri, with 24 people . . . in Kansas, with 52 teen-agers.

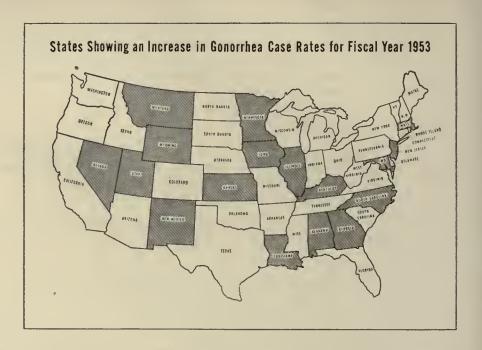
Experts tell us VD rates for children as young as 15 and their older brothers and sisters up to 24 are particularly alarming. It is in this age-group—key part of the general group that includes everybody from infants to octogenarians—that syphilis emerges as a real problem. New York City's prewar rates were actually lower than the 1950 rates for these young people, who indulge in the greatest sex activity and are the most frequent sources of infection.

Last year the infectious syphilis rate for white teen-age girls in Ohio was four times that of the general population of the country. Youngsters 13 to 21 in one

Syphilis and Gonorrhea Cases



Syphilis and gonorrhea cases reported by state health departments in the continental United States (military cases included 1919–1940, excluded thereafter)



Kansas County comprised 68% of the primary and secondary syphilis cases reported in the first five months in 1953. Young as they were, many had more than four sex contacts, most of whom were found and examined.

Finding these cases is the job of the trained interviewer who may find out the names of as many as three or four sex contacts for each patient. The trained interviewer is the key to our success in controlling syphilis. Nonetheless, if the proposed budget cut goes through, 284 of the 435 interviewers on the nation-wide staff will have to be dismissed.

Without the interviewer, penicillin can't reach the contacts. As Dr. G. A. Cooper, of the Wisconsin State Medical Association's VD committee, says, "Perhaps we should dispel the idea that the antibiotics are 'wonder drugs.' They are not." Penicillin treats cases. It doesn't find them. And it doesn't prevent reinfection.

Even though VD rates may be falling in certain parts of the country, there is no cause for nation-wide rejoicing. In 15 states, the District of Columbia and 14 large cities more syphilis was reported last year than in 1952.

In St. Louis

Dr. Norman Orgel, a director of the Missouri Social Hygiene Association, has pointed out that 200% more infectious syphilis cases were found in St. Louis in the last six months of 1953 than in the last six months of 1952. Whether the increase in Washington, D. C., means more syphilis, better case-finding or better case-reporting by private physicians is a matter of conjecture.

If your state is one with more VD than it can handle, if it can't meet the problem without federal aid, the VD control program may fall apart. If yours is a wealthy state that can and will shoulder 100% of its control burden, it won't feel the force of the proposed retrenchment too much. But even a wealthy state will have to maintain strong controls against the encroachments of VD from neighboring states. The spirochete has never been one to hesitate before a state line.

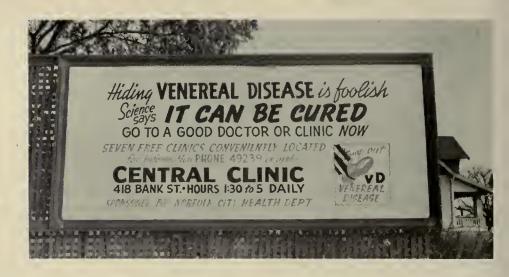
Why not discretion?

The three national agencies agree the situation is fraught with danger. In their joint statement they urge the federal government to take five steps—

- take up once more its responsibility for VD control.
- allot at least \$10,000,000 for VD control until Congress has studied the actual needs.
- recognize that despite apparent decreases in rates, we're in all probability missing most of the VD cases, especially in areas of high prevalence.
- reduce the VD budget gradually and selectively over a long period.
- make special VD grants to states to take care of emergencies or especially difficult areas.

Whatever is in the offing, we must remember we can't look at a VD statistic without raising a skeptical eyebrow. We can't sing the obsequies of the spirochete prematurely.

Perhaps Dr. Thomas H. Sternberg, of Los Angeles, was thinking of the vagaries of human beings when he said, "The control of the venereal diseases in the United States is at best a half-won battle. It would be foolish indeed to send the firemen home when the brightness of the flame has dimmed."



How Norfolk Observes Social Hygiene Day

by A. F. Marino

While there has been a consistent decline in venereal disease incidence in Norfolk over the last several years, we realize we must still exercise great effort to let the public know the dangers that exist.

Because most VD is the result of sexual promiscuity, the average citizen must be kept aware of the underlying reasons for promiscuity. One of the most important is that too few families are training their children in health and human relations . . . not because of lack of interest but because of the parents' lack of proper information and instruction.

Prostitution is another reason for venereal disease. While Norfolk is completely free of organized prostitution, the free-lance operator is continually trying to gain a foothold. Laxity in prostitution control arises from the complacency of law enforcement officers. Many times they feel the problem has been licked and relax their vigilance. This is exactly what the prostitute is waiting for.

National Social Hygiene Day annually gives the health department's VD control division an opportunity to interest Norfolk's citizens in problems and programs of paramount importance to their community. In celebrating this Day we use every means of communication to get across to our people the purposes, aims and hopes of a good sound social hygiene program. Radio, television, newspapers and meetings of civic organizations are some of the means available.

The various communications media have always been most cooperative in allocating time and space. Prominent citizens and important city officials have given unstintingly of their time and energy. We find they are only too happy to participate in any program to better the city and its citizens.

In Norfolk—where we have a large naval population—the Navy has always cooperated with us in any program to help the health department control venereal disease.

Broadcasts

We've had half-hour radio and TV programs on VD control, prostitution, health and human relations, and social protection. On one VD broadcast health officers from several Virginia communities and a U. S. public health representative showed that VD control is the job not only of a single city but of an entire area, within which all communities should cooperate. Another featured the city treasurer, the public safety and public health directors, and representatives from the Navy and the school system.

Another radio program showed the advantage of the absolute elimination of organized prostitution over attempts to control organized prostitution under police and medical supervision. This discussion—by a PTA president, VD clinic director and consultant—provoked a terrific response from our listeners, who wrote in for more information. Incidentally, that PTA president had plenty of courage to join a panel on prostitution.

Participating in the program on health and human relations were the chairman of the Council for Interracial Cooperation, a public health nurse, a VD investigator who also is a nurse, and a VD administrator. Parents wrote in to ask whom they should see about some of their problems. These responses



Veteran of 15 years' VD service in Norfolk, in charge of VD investigations for Norfolk's health department A. F. Marino

"In 1938 we had a red-light district here in Norfolk, and YD control was closely associated with police work. Many of my investigations were conducted in houses of prostitution and I spent many nights with the vice squad. Fortunately this is all in the past. We just don't do things that way any more."

not only indicate whom we're reaching, but how closely we're relating to actual situations. We feel we're spreading a health message to those who need it and we're able to refer our correspondents to the proper agencies for additional help.

The city treasurer, the city manager's administrative assistant, the public safety director and the president of the Armed Forces Disciplinary Control Board in the 5th Naval District took part in our panel on social protection.

Exhibits

To celebrate Armed Forces Day we put up a large exhibit in the Norfolk Arena, part of the general medical exhibits sponsored by the women's auxiliary of the Norfolk County Medical Society. Other exhibits were in the City Hall lobby and the Norfolk health department's display window.

These colorful displays on VD and family living, emphasizing school aspects, were viewed by thousands of people and received a great deal of favorable publicity. We constantly strive for realism . . . we place on our exhibit tables not only the usual free leaflets but rubber gloves, syringes, microscopes and other accoutrements of VD control. The fact we are asked to place these exhibits shows the vital interest of the various organizations involved.

Other channels

For several years we have endeavored to gain space in the weekly pamphlet, "Transit Topics," issued by the Virginia Transit Company, which operates bus schedules in several Virginia cities. Last year we were fortunate in having an article appear in this publication, titled "Youth Needs You"—theme of National Social Hygiene Day in 1953. Obviously this article was in good taste and interesting to all, because this year in this same pamphlet we were requested to place a second article. Now that the ice has heen broken we expect to do this for many years to come.

Articles have appeared by request in the local press. They evidence the active interest of editors in VD. Recently an article appeared which dealt with the cooperation of the health department, police department, the Navy and the Virginia Alcoholic Control Board.

We've spearheaded various groups—Y's, PTA's and Jewish groups, among others—to hold meetings throughout the city to celebrate National Social Hygiene Day. The most notable was sponsored by the Norfolk Junior Chamber of Commerce. At the conclusion of this meeting the Chamber endorsed a project of public information and appointed a committee to help activate it. Needless to say, they went forth to battle with great vigor and enthusiasm and this project became a city-wide success. The enthusiasm of this group was inspiring . . . and their interest bore fruit in publicity, in posters inscribed with their name, which appeared throughout the city in department store windows and on billboards.

We have participated in parent-teacher meetings, and aroused interest among our parents and teachers in programs of health and human relations.

Enthusiasm is infectious . . . high city officials and public-spirited citizens are cooperating wholeheartedly in the VD control program. Once, again in 1954 we will put forth every effort to make the observance of National Social Hygiene Day a memorable occasion in Norfolk. Needless to say, this will not be a one-day affair with us but will continue throughout the year.

Window display





Safeguarding our servicemen

Through the Armed Forces Disciplinary Control Board

by Leonard Branneman Captain, U. S. Navy

Sometimes the name — Armed Forces Disciplinary Control Board — seems at first rather vague, not too descriptive of the work we do. But consider discipline in the light in which Admiral McCrea referred to it when he said "If we have good morals, we have control of our discipline problems. In fact we will have no discipline problems." Then, I think, the board's name becomes much more meaningful.

The purpose of the board is simply to safeguard the morals and welfare of service personnel during their off-duty hours.

Armed Forces Disciplinary Control Boards were established throughout the country—under the direction of the Secretary of Defense—sometime after the close of World War II. Each board is composed of two members from each of the four services—Army, Navy, Air Force and Coast Guard. One member from each service represents the medical division of that service, the other the discipline section.

Civilian cooperation

In addition to the members of the board, in New England numerous other military personnel from the discipline and medical divisions of the Armed Forces in the area, plus 25 to 30 civilian advisory representatives, attend our monthly meetings. The civilian advisory representatives, who come only or invitation, represent civil agencies with which we are directly concerned—

the health, police and fire departments, liquor control agencies, Massachusetts Board of Probation, narcotics agencies, religion and welfare, civic organizations such as the Red Cross, Community Fund, YMCA, USO, Travelers Aid, and Watch and Ward Society. And, of course, the American Social Hygiene Association.

The board's aims are:

- To inform ourselves on conditions in New England relating to improper discipline, prostitution, venereal disease, liquor violations, disorders and other undesirable conditions as they apply to service personnel.
- To report to the commanding general of the First Army, commanding general of the First Air Force, commandant of the First Naval District and the commandant of the First Coast Guard, any conditions detrimental to the morals and welfare of service personnel and to recommend action.
- To cooperate with civil authorities in dealing with discipline problems. It is the civil agencies' responsibility to act on our findings—to correct undesirable conditions—unless, of course, it is a matter wholly within the jurisdiction of the Armed Forces.

We receive and consider helpful information from many sources. Most of it, however, comes from the health department's venereal disease division and from civil and military police.

For example, an establishment is reported to be a place where venereal disease contacts are made, or where alcoholic beverages are sold to minors or to men already intoxicated, or where insanitary conditions exist in the handling of food or drink, or where homosexuals meet, or where the management is not cooperating with the military police, or where there are other undesirable conditions which have an adverse effect on the morale and welfare of service personnel.

We discuss these matters openly and frankly at meetings of the board, often in the presence of the manager of the establishment in question. Whether he is present or not, he is informed just what conditions are considered undesirable.

After discussion, we place these problems in the hands of the proper civil law enforcement agencies for solution. In our dealings with civil agencies we enjoy their wholehearted cooperation and counsel, and we rely to a great extent on their advice and recommendations. In most instances, they correct forthwith the undesirable conditions brought to their attention.

However, I regret to say there are times when civil agencies do not correct admittedly undesirable conditions. In a case of this kind, we send a letter of warning to the establishment's manager, informing him of conditions we consider detrimental to the morals and welfare of service personnel, along with a

request that he attend the next meeting. We send copies of this letter to interested civil law enforcement agencies. At the next monthly meeting, we discuss the case, and if the reported conditions have not materially improved, we then come to the final function of our board.

This is to recommend to the commanders of the various services that the establishment, by name and address, be placed out-of-bounds to service personnel. The commanders of all the services have approved our recommendations without exception. Service personnel are then informed that they are not permitted to enter the place until further notice. Our military police and shore patrols keep an eye on the place to insure that the restriction is effective.

I want to emphasize one thing. We are not civil police and we do not like to play that role. However, you must remember we have been given a lot of responsibility for the welfare of service personnel, and along with our responsibility we have been given exceptional authority. We can prohibit service personnel from entering a place—and that's that.

We feel, however, that it is our primary duty to get civil law enforcement agencies to correct conditions detrimental to the morals and welfare of our men. If we fail in this, then and only then do we use our authority to close an establishment to service personnel.

Sometimes, in our efforts to get civil agencies to clean up these admittedly undesirable places, we wait too long in placing an establishment out-of-bounds. We feel, however, that as long as progress is being made it is better that conditions be corrected than that we resort to the temporary expedient of putting the place out-of-bounds.

It is not the intention of an Armed Forces Disciplinary Control Board to cause financial hardship to private enterprise. However, after we have dealt with an establishment in every language at our command and the manager still refuses to run a proper place, then his financial gains or losses become of little concern to us in the performance of our duties. We feel too that if unsatisfactory conditions have existed in an establishment over a period of time, they cannot be corrected overnight. As a result, once we have taken that final step of putting a place out-of-bounds it normally remains so for at least three months. Since an out-of-bounds restriction nearly always results in a loss of money to an establishment, we are usually bombarded with outside pressures.

Despite opposition

As an example I might mention an active and extremely troublesome case once before the board. An establishment was placed out-of-bounds around the first of the year because of an extremely high rate of venereal disease and numerous disorderly incidents plus the managers' total disregard for the authority of the shore patrol. After the place was put out-of-hounds, we were pressured by the managers, by their lawyers and by a local of the CIO . . . and even a congressman showed his interest in the situation.



Travelers Aid is represented at the meetings.

We have unanimously resisted this pressure, and all other pressures, and will continue to resist them as long as we feel that a place is not a proper environment for service personnel. In this particular case, church organizations spoke out firmly commending our action and strongly recommending that the establishment remain out-of-bounds.

The Armed Forces Disciplinary Control Board is an instrument through which the high command discharges a responsibility to the serviceman's parents as well as to the serviceman himself. It is unfortunate every American citizen can't share this responsibility with us. Sometimes we feel we are waging a one-sided crusade in our efforts to clean up the filth that exists today in some public places in our cities. But when the churches and other civic organizations come to our rescue, I can tell you it is extremely heartening.

I feel very strongly—and I can speak for the other services—that the accomplishments of the Armed Forces Disciplinary Control Board about which I have just spoken are very closely related to the protection of moral standards. We are removing many pitfalls from the paths of our servicemen by being instrumental in cleaning up some of the places they frequent, by keeping them out of the places we can't get cleaned up, by devoting considerable time to the positive aspect—good, wholesome recreation and entertainment.

THE LAST WORD

National Social Hygiene Day April 28, 1954

Slogan:

Educate Tomorrow's Parents Today

Ref

journal of SOCIAL HYGIENE



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Birthday Party

"With affection, appreciation and a special satisfaction," the American Social Hygiene Association has bestowed its highest honor, the William Freeman Snow medal for distinguished service, on Miss Lida J. Usilton, veteran venereal disease control worker. Philip R. Mather, ASHA's president, presented the award April 26 in New York City as the association celebrated its 40th birthday.

Now chief of operations in the VD division of the U. S. Public Health Service, Miss Usilton has been a civil servant 43 years, 27 of them in VD control.

So that Journal readers may share in the warm family feeling engendered among us by ASHA's 40th milestone and in the important comments made by Miss Usilton and others, we are devoting much of this issue to the anniversary meeting. We wish all of you could have been with us. We hope these pages convey to you some of the quietly happy satisfaction we all felt as on April 26 we looked back over social hygiene's achievements in the last 40 years . . . and looked ahead to the new triumphs to come.

The Job Ahead

by Philip R. Mather, President American Social Hygiene Association

This year marks ASHA's 40th birthday. I mention this—not as evidence of our durability and longevity—but rather because after 40 years a voluntary agency should face the question of whether its mission has been accomplished and it can close its doors. Indeed, at many points along the way ASHA has searched its soul in this regard, although not always publicly.

Forty years ago three grave problems menaced the health and stability of American family life . . .

- Venereal disease—symptom of sexual promiscuity, cause of personal and family tragedy
- Commercialized prostitution and allied vice
- Defects in education that tended to deprive children and youth of the facts and values they needed in developing wholesome standards of sexual behavior and in attaining happy marriage and family life.

What have we done towards solving those problems? What must we still do?

Forty years ago the venereal diseases were rampant and largely unchecked. They were not to be mentioned publicly. They required tedious and often painful treatment.

As a voluntary agency should, ASHA worked tirelessly to bring VD into the public consciousness and to encourage the people of our country to seek diagnosis and treatment. We fostered measures that gradually enabled the public health services to create today's vast dragnet of VD control.

Is there still a job for us to do in this aspect of our program?

We believe today's VD problem, while different, is every bit as challenging to ASHA as the one we faced in 1914. It is subtler; it demands greater refinements of approach.

As we view it, ASHA's present job is to help prevent loss of the gains that have been made—loss that seems almost inevitable if the public prematurely concludes VD has been vanquished. We must help our public health services to sustain their fight to the finish against VD in the face of disproportionately deep budget cuts. We must use all the skill we can muster to establish public understanding of the simple fact that complete VD control has not yet been achieved—indeed, is not even imminent.

Prostitution a problem

Forty years ago prostitution was more widespread than it is today. Again ASHA must ask whether there is still a job for us to do in working for the repression of this long-lived evil.

The answer—made more by the Armed Forces and community leaders interested in the moral and physical health of our youth than by the association itself—is yes.

The legal and social protection aspects of social hygiene continue to constitute another major challenge. For ASHA is not merely concerned with gaining stronger and more consistent law enforcement against prostitution. We are equally concerned with gaining a quality of law enforcement that will produce the most effective social rehabilitation of the offender, especially the juvenile and youthful.

Demand for education

Forty years ago education for personal and family living was not unheard of. But the limited amount then existing failed almost wholly to meet the vast needs of parents, teachers and youth leaders and—through them—the needs of children and young people. This kind of education has made strides in 40 years. The demands for this vital social hygiene contribution to happy, stable personality and strong family life grow greater year by year.

Between 1914 and 1954 many social changes have come into our lives, many pressures and anxieties have assailed the stability of our people. Circumstances that could scarcely have been anticipated in 1914 have frustrated many of our hopes for stronger, happier families. Of all the tasks to which ASHA put its hand four decades ago, this then is the one that appears to need our greatest devotion, our broadest thinking, our surest wisdom in using appropriate skills.

While the problems of youth and families today—juvenile delinquency, broken homes, apparently widespread sexual promiscuity—are acute, we face their eventual solution with optimism. For we know more about what considerations should go into education for personal and family living than we did, I think, in 1914. We have a more conscious demand for it by those who influence the lives of young people. And ASHA is particularly fortunate in having received, only within the last year, substantial encouragement from a great foundation for expanding and deepening its work in this field.

We shall not perpetuate our services beyond the time when they are needed. We can take pride in having no empire-building ambitions. But I think that as ASHA reaches 40 we can say, with a clear conscience and quite definite ideas of where we are going, that we still have important jobs to do and that we shall do them to the best of our ability.



TO LIDA J. USILTON ...

Pioneer explorer, inventor, guide, teacher and worker in the field of venereal disease control . . .

Whose patient research and tireless effort in this difficult field helped make it possible to learn the enemy's strength and plan a practical nation-wide attack . . .

Whose knowledge and interpretation of facts and figures have been for a generation a guiding light and a powerful force in combatting syphilis and gonorrhea . . .

Whose skill and imagination in reviewing and adapting existing methods to meet new problems and to employ new developments in medical science have been repeatedly challenged and proved . . .

Whose devotion to duty as a government worker typifies the dedicated spirit and intelligent zeal shown by the great body of civil servants who bulwark the progress and safety of our nation . . .

Whose career as a woman in public service exemplifies for all to see the American dream fulfilled and the American way at work . . .

Who throughout rise to authority, justifiable pride in achievement and a lifetime absorbed in working toward a scientific goal has kept the touch of friendship and the broad human view . . .

The American Social Hygiene Association presents this medal for distinguished service to humanity, with affection, appreciation and a special satisfaction in bestowing the Snow Award on one so closely identified with its original purpose.



WILLIAM FREEMAN SNOW AWARD. FOR DISTINGUISHED SERVICE TO HUMANITY

1954



LIDA J. USILTON

"Inventor, Guide, Teacher, Worker"

- 1911 Started government service in the Government Printing Office.
- 1917 Transferred to the War Department.
- 1919 Entered George Washington University to study medicine. Continued as clerk in the War Department. Upon completing pre-med and receiving Bachelor's Degree in 1925, was refused entrance to School of Medicine because of necessity to work full-time.
- 1920 Entered Public Health Service as supervisor of statistical unit in hospital division.
- 1922 Statistical unit of Public Health Service's hospital division transferred with certain Marine Hospitals to Veterans Bureau. Made chief of analytical medical statistics of the Veterans Bureau.
- 1927 Returned to Public Health Service as principal statistician in the veneral disease division. Planned and carried out—in cooperation with the American Social Hygiene Association, state and local health departments and medical societies—a census of all treatment sources (1,100 clinics and 25,000 private physicians representative of geographical areas throughout the country) to ascertain the extent of the veneral disease problem.
- 1929 Received a master's degree in economics at George Washington University.
- 1932-Served as statistician for the Coopera1938 tive Clinical Group in an analysis of 74,000 cases of syphilis to determine results of current treatment schedules. Appointed chairman of the committee which reported the prevalence, incidence and trend of syphilis with costs to state and territorial health officers developing material in support of the VD Control Act of 1938.
- 1939 Established a nation-wide reporting system for the administrative guidance of the VD program.

- 1940-Instrumental in securing a serologic 1941 blood-test as part of the physical examination of selectees.
- 1943-With state health authorities devel-1944 oped mass blood-testing programs designed to administer penicillin to the largest number of infected persons possible within a limited period of time. Helped to set up a nation-wide network of rapid treatment centers to insure that treatment for syphilis would be completed during hospitalization.
- 1945 Secured the cooperation of the Armed Services in placing Public Health Service interviewers in Separation Centers to insure that all hidden infections were found and treated before the men returned to their home communities.
- 1946 Introduced selective mass-testing in Louisville, Ky.
- 1948 Developed interview-investigative services with state and local health departments to find and bring to early diagnosis and treatment infected persons and their contacts. Encouraged the establishment of interview-investigative training facilities for military and civilian personnel.
- 1950 Through state health officers negotiated with the Armed Services to place trained civilian interviewers in military installations to secure from infected military personnel information on sources of infection in the civilian population.
- 1951-With the emergence of acceptable out1953 patient treatment began the liquidation of rapid treatment centers and
 the establishment of prevention and
 control centers. Developed selective
 mass-testing techniques for syphilis in
 pinpointed areas in major cities such
 as Detroit, Pittsburgh, New York,
 Cincinnati. Applied speed-zone epidemiology techniques to control the
 spread of gonorrhea.



Mr. Mather and Miss Usilton

by Lida J. Usilton U.S. Public Health Service

On Accepting the Snow Medal

In accepting the William Freeman Snow Medal, I am humbly mindful of the significance of an award made in the name of such a great crusader for enlightenment as Dr. William Freeman Snow. And I must acknowledge, in all sincerity, that it is more a tribute to my many co-workers in this field than to myself.

Nevertheless, this occasion presents an opportunity which makes acceptance gratifying—an opportunity to affirm my faith in the American public and in the government which serves it.

There is a feeling abroad in the land that government service is poorly rewarded, that it is full of pitfalls and disillusionments, that it is indifferent to personal needs and wishes. This is a harsh judgment. It reflects a regrettable

climate of mistrust and a sad lack of understanding. Both the mistrust and the lack of understanding are, I am convinced, creatures of these times. They will pass.

Although I have frequently experienced the discouragements of public service, mine has been a rich and a rewarding career. It has been a constant challenge to whatever stores of courage and of resourcefulness I could draw upon. Its disciplines have been stern, but they have been productive.

They have taught me that in doing, one finds the strength to do and that the only reward for service is the act of serving. They have taught me that free government is not a quiet retreat from discord and struggle, but a marketplace of ideas and methods and interests. In this bustling marketplace, I have found exciting work and a need for willing workers. I have also found wealth—a wealth of friends, a wealth of purposeful activity, and a wealth of satisfaction in seeing good things done well.

The American Social Hygiene Association has long been a power for good in public health. Its services are highly valued. May I now express my gratitude for those services and, in the name of all my fellow workers, for this tribute to a civil servant.

Recipients of the Award

1937—At a testimonial dinner on the occasion of his fortieth year of distinguished service to education, public health and social hygiene, a bronze portrait plaque was presented to Dr. William Freeman Snow by friends in this and other countries; and a committee of the American Social Hygiene Association was appointed to award medal replicas of the plaque in recognition of outstanding service of others in the field of social hygiene.

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1938 EDWARD L. KEYES, M.D.
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1946 COLONEL LAWRENCE W. HARRISON, M.B., D.S.O.

1947 SIR SIDNEY WEST HARRIS, C.B., C.V.O.

1948 PHILIP R. MATHER

1949 Frances Payne Bolton, M.C.

1950 Major-General Irving J. Phillipson

1951 BRUCE AND BEATRICE BLACKMAR GOULD

1952 Ernest Boyd MacNaughton

1953 Bailey Barton Burritt

1954 LIDA J. USILTON

¹⁹³⁹ THOMAS PARRAN, M.D.

¹⁹⁴⁰ GENERAL JOHN J. PERSHING

¹⁹⁴¹ Mrs. Sybil Neville-Rolfe, O.B.E.

¹⁹⁴² BRIGADIER-GENERAL FREDERICK F. RUSSELL, M.C.

¹⁹⁴³ RAY LYMAN WILBUR, M.D.

¹⁹⁴⁴ Hugh S. Cumming, M.D.

¹⁹⁴⁵ Major-General Merritte W. Ireland, M.C.

¹⁹⁴⁶ JOHN H. STOKES, M.D.

There Is Still VD

by Evan W. Thomas, M.D. Professor of Syphilology NYU-Bellevue Medical Center

Although the dramatic gains in syphilis control following the advent of penicillin represent one of the most successful public health campaigns of recent years, syphilis is still prevalent in the United States and is likely to be for years to come. The marked declines in total reported syphilis starting in 1946 and 1947 began to level off in 1953 when 17 states actually had increases in rates over those for 1952.

In 1953 a total of 156,099 newly discovered cases of syphilis were reported in the United States exclusive of those occurring in the Armed Forces. In upstate New York over 500 newly reported cases were in individuals over 60 years old. Some of these clderly individuals became public charges in state institutions because of the irreparable damage caused by the disease.

It is estimated that over \$50,000,000 are now being spent annually in this country for patients institutionalized because of syphilis and for the care of those blind because of the infection. Almost all of this expenditure of money, to say nothing of the suffering of individuals, could have been prevented had the syphilis been discovered prior to the development of late crippling manifestations, which rarely occur less than 10 years after infection.

Elusive symptoms

Modern treatment can cure or arrest syphilis rapidly and easily in the vast majority of cases, but in syphilis we are dealing with a disease that works largely in secret. Early manifestations may be absent or so mild as not to cause concern in negligent individuals. In upstate New York in 1953 only 1.7% of the total newly reported syphilis was in the primary or secondary stages, and in the country as a whole only 5.4% was reported in the very early stages.

These figures, showing that the great majority of syphilis cases are discovered late in the course of the disease, provide the reason why we can expect syphilis to be with us in the years ahead. Only continued alertness by the medical profession and continued public health programs can prevent an upsurge of the infection in the country as a whole.

The decline in gonorrhea, although significant since the introduction of penicillin, is nothing like as dramatic as the decline in early syphilis, in spite of the



Dr. Thomas

fact that gonorrhea is more easily cured than syphilis. The failure to contro gonorrhea is due largely to women carriers of the gonococcus who have no symptoms of the infection and in fact no signs that can be discovered by a physical examination unless cultures are taken.

Men know they have the disease because of urethral discharges for which they seek prompt treatment. As a result, the late, serious complications of gonorrhea in men have practically been eliminated. However, since most men, who are susceptible to the infection, acquire no immunity, repeated infections are the rule. Neither the women to whom the men are exposed nor the exposed men have any reliable means of suspecting the infection in asymptomatic female carriers of the gonococci.

Although many women carriers escape serious complications, some of them do not. Those who develop complications eventually must be hospitalized and they frequently require operation.

The only practical means of finding asymptomatic carriers of the gonococcus is by bringing the contacts of male patients to examination and treatment. This is a long, tedious and expensive process that is being carried out by public health services to the hest of their ability with the limited funds available.

Educate Tomorrow's Parents Today

by Ernest G. Osborne Professor of Education Columbia University

As great new social and economic forces have pushed their way into the American scene, the functions of the American family as a significant institution have seemed to waver and at times almost to fade away. Indeed, little more than a decade ago certain social philosophers were playing the modern Plato and suggesting that it would be highly desirable for the state and institutions supported by the state to take over all save the procreative functions of the family. The school began to see itself as the important institution providing a well-rounded program for all children. The influence and value of home experience was frequently minimized.

Studies of human emotion, feeling and behavior are indicating more and more clearly that family experience is the most important influence in the lives of children whether for good or ill. Stubbornly resisting at times, our schools are accepting the fact that the home and school should be close allies in the education of children and not indifferent to the efforts of the other, nor openly resistant.

Those schools dedicated to the development of effective democratic practices and attitudes in the children with whom they are working are seeing ever more clearly that the relationships within the family are the potent conditioners of those attitudes of cooperation, initiative and responsibility so essential to the democratic way of life. They are seeing too that family experience may breed intolerance and hatred so deepseated that no school program can be of much effect in their modification.

The present

The central focus of a program of education for marriage and family living for young people should be on their present relationships and behavior, not one that looks forward five or ten years. As we help youngsters understand and handle more effectively their relationships with parents, brothers and sisters and friends, we are contributing substantially to effective living in their familiesto-be.

A commonly found practice of school and community groups—the development of a junior decalogue or code of acceptable behavior—is a lesser good. Far better and more substantial contributions are made when young people are provided with an opportunity, individually and in groups, to face, feel and think through the ethical implications of their behavior and relationships with other persons, in the family or out.

The task of the school then is to work hand in hand with the modern family, thinking of it as the primary educational institution in our society. It cooperates

with the family in producing an emotional climate fit for growing citizens of a democratic society. It must plan its program so as to strengthen family ties rather than weaken them. In many instances this may mean the development of social activities for the whole family rather than for only those who happen to be in school at the time.

The understanding teacher-counselor who is neither a protagonist for children nor for parents but an interpreter of one to the other can and does make the most significant contribution to satisfying family living for both today's parents and tomorrow's. Those schools and other community agencies which provide not only counseling service but opportunities for family-centered educational and recreational activities likewise help set patterns of satisfaction that have important bearing on the development of more satisfying patterns of family life.

The fact that it is as important for boys to be prepared for parenthood as it is for girls is being increasingly accepted. In many instances, one finds that boys and young men have as much of what has in the past been thought of as the "maternal instinct" as do girls. The football player given an opportunity to work in the nursery school or kindergarten as a part of learning about human behavior not infrequently shows himself to be an intelligently tender and effectively leading individual.

The temper of public opinion toward the role of the man as parent and home-maker has changed to such an extent that the individual husband and father who resists participation in any phase of household tasks or in the care of his children is the odd one rather than the typical man of past generations. This in itself makes it important for us to provide effective education for boys as well as girls in the tasks and opportunities of the full-fledged homemaker.

Only a part

It is important for us to accept once and for all the fact that sex education, even when attitudes are added to facts, is not enough. Some leaders have in practice, if not in theory, made sex education almost synonymous with education for family life. Life is of a piece. As often as not basic conflicts over the use of money, attitudes toward religion and its place in life, the nature of human beings—all those things which go into an operating philosophy of life—cause difficulties in sexual adjustment.

As teachers, it is essential that we understand in a clearer way the effects that various relationships within the family may have on individual members. If we lack this understanding, our guidance of children will not be of the sort that will meet their needs. The child who needs more affection for his well-being than he is normally getting in his own family will have to be treated differently than the youngster who is overprotected. It is part of our task to contribute what we can in supplementing and complementing the child's family experience.



The counselor

Nor does this place the school in a secondary position. Rather, it challenges each of us associated with schools to the high task of finding for each child that kind of experience which will give him optimum opportunity for normal development. How much more significant a task this is than the one too often followed—that of pulling and pushing each child into a mold or pattern that is supposedly appropriate for that mythical "average" child.

We are then on the verge of a new and powerful alliance of two great educational institutions, the home and the school. It is appropriate that we should prepare ourselves so as effectively to meet our responsibility. Attitudes of long standing may have to be modified. Teacher-training must be given new emphases. Basic modifications of school programs may be necessary.

But the results are more than worth the effort, the pain and struggle that may be necessary, for if we—parents and teachers—can turn our efforts toward intelligently conceived and planned emotional and social education we shall be fairly on the way toward eliminating many of those corrosive attitudes of hatred, greed, inferiority and aggression that have plagued mankind since the Garden of Eden.

Highlights of 1953

by Conrad Van Hyning, Executuive Director American Social Hygiene Association

The American Social Hygiene Association's 39th year was fruitful. Under the guidance of a thoughtful board, the staff carried on a variety of projects, many of them colorful, all of them designed to advance the social hygiene movement all across the country. In league with affiliate groups and friendly organizations in many places, ASHA helped introduce to new communities and to an oncoming generation the ideals and practices we call social hygiene.

It is an ever-challenging enterprise, this business of social hygiene, and we cherish those people—our board and committees, our members, contributors and affiliate groups—whose cooperation and support make possible the achievements reported here.

ASHA's Educational Services

With the valued aid of the Nancy Reynolds Bagley Foundation, which is providing an annual grant of \$100,000 for the next 3 years subject to periodic review, ASHA inaugurated a 10-year plan for the expansion of its educational services to teachers and school administrators, and set in motion an intensified education program that proposes

- To produce and distribute materials on education for personal and family living . . . for parents, religious léaders, educators and other youth leaders.
- To set up a national network of expert consultants to advise ASHA on its educational activities and to handle local and regional requests for ASHA's services.
- To continue its character-guidance services to the military.
- To work in close cooperation with other organizations concerned with education for personal and family living.
- To continue its attention to adult education.
- To sponsor research on education for personal and family living, and to encourage colleges and universities to fill the gaps in this field.
- To organize regional projects, each aimed at stimulating 3 or 4 states to work together in focusing on the need for pre-service and in-service education for teachers on problems of personal and family living. At the end of 1953, the first project was taking shape in North Dakota, South Dakota, Minnesota and lowa under the aegis of a regional advisory

committee composed of distinguished college and university administrators and representatives from appropriate national educational organizations. An outstanding teachers' college president is coordinating the project, designed to call attention to the values of adequately preparing teachers for education for personal and family living.

For its education staff ASHA has recruited a director, writers, an expert on educational research, and an educator whose job will be to organize regional projects.

During 1953 our staff worked with many education groups and participated in many education meetings, including the

National Conference of Elementary Principals

American Association of School Administrators

Association for Supervision and Curriculum Development

Society of State Directors of Health, Physical Education and Recreation

National Rural Health Conference

National Conference on Cooperation in Health Education

American Association of Health, Physical Education and Recreation

National Council on Family Relations

American Public Health Association

Fourth National Conference on Physicians and Schools



Educating tomorrow's parents today.

ASHA's Services to the Military

Special Study for the U.S. Air Force

At the request of the Air Force, ASHA's executive director made a 10-week tour of the Far East to study health and welfare conditions in communities near American air bases in Japan, Korea, Okinawa and the Philippines. On reporting his findings to the Air Force, he recommended methods by which the resources of these communities might be developed to provide more and better recreation and other worth-while activities for Air Force personnel and their families.

Prostitution Studies

At the request of the military, ASHA made 419 surveys of prostitution conditions in 310 communities last year. In 238 (77%) of these communities, conditions were satisfactory at the time of the survey; in 72, conditions were unsatisfactory by ASHA's standards.

With our help the citizens of 5 cities where prostitution had long been flagrant-

- Birmingham, Ala.
- Galveston, Texas
- Ketchikan, Alaska
- Helena, Mont.
- Butte, Mont.

routed prostitution racketeers and achieved notable success in bringing about a change from unsatisfactory to satisfactory conditions. Many others moved steadily ahead in cleaning out remnants of commercialized prostitution from hotels, bars and taverns. ASHA's reports went to almost 15,000 civic and military leaders.

Character Guidance

ASHA helped to set up 3 pilot projects demonstrating civilian-military cooperation on behalf of service personnel . . .

A 10-session lecture and discussion series on marriage and family life, co-sponsored by the faculty and YWCA of the University of Illinois and the Character Guidance Council of Chanute Air Force Base, Rantoul, Ill.

A lecture series on personal and family living for WACs at the Army Finance Center, Fort Benjamin Harrison, Indianapolis, co-sponsored by the Indianapolis Social Hygiene Association.

Educational services for WAF (and later for airmen) of the 1020th Special Activities Wing of the Air Force at Arlington Farms, Va., under the aegis of a committee of Washington, D. C., leaders.

ASHA's Services to Communities

Our staff members visited 330 communities

- to speak at meetings and conferences
- to help local social hygiene groups
- to study prostitution conditions
- to encourage the use of sound measures against prostitution and allied vice
- to conduct institutes on education for personal and family living for parents and teachers, social workers, religious educators and others.

A published summary of the 2-day National Conference on Social Hygiene sponsored by ASHA March 5-6, 1953, proved so useful—to libraries, national organizations, and planning councils—that it had to be reprinted to meet the demand. The conference drew 325 leaders from 28 states, Puerto Rico and the Virgin Islands.

ASHA's Services in VD Control

By the end of 1953, syphilis and/or gonorrhea rates were rising in 28 states and the District of Columbia for the first time since the inauguration in 1947 of modern VD control techniques: case-finding, contact-tracing, and penicillin treatment. The decline in other states was not so marked as in previous years. There were epidemics of early syphilis in states miles apart.

Reading in these signs a threat to the nation's VD control efforts, ASHA and two like-minded organizations—the Association of State and Territorial Health Officers and the American Venereal Disease Association—joined in analyzing and publicizing today's VD control problem and in calling on Congress to study the situation thoroughly before reducing appropriations for VD control below \$10,000,000 a year.



ASHA's International Services

Through its committee on international activities and its role as the regional office for the Americas of the International Union Against the Venereal Diseases and Treponematoses, ASHA provided a variety of services . . .

- Its board raised \$10,000 toward the budget for an IUVDT office in Geneva, to maintain liaison with the World Health Organization's head-quarters there.
- Two members of ASHA's committee on international activities attended the IUVDT's general assembly in Rotterdam, and participated in a program-planning conference in Geneva with the heads of WHO, IUVDT and the League of Red Cross Societies.
- Plans were laid for expanding, as funds become available, the IUVDT's regional office for the Americas, with the aim of working closely with the countries of Central and South America. As a first step, the regional office began distribution throughout the Americas of *Novedades*, quarterly newsletter in Spanish.
- ASHA also has expanded its liaison assignments with the UN's Economic and Social Council to include membership on the executive board of the UN Children's Fund.

In answering 89 requests from 36 countries for guidance, materials and help in program-planning, ASHA supplied such typical services as . . .

To Japan . . . information on effective methods of controlling prostitution and venereal disease near military installations

To India . . . a permanent exhibit for display in a new health museum

To Peru . . . guidance in setting up a program on sex education

To Ceylon . . . expert evaluation of Ceylon's program against the venereal diseases and prostitution, and copies of laws in force in the United States

To Israel . . . assistance in developing anti-prostitution measures

Yesterday . . . and Tomorrow

Last year ASHA honored five men and one woman who have made major contributions to the social hygiene movement . . .

- Bailey B. Burritt, chairman of ASHA's executive committee, who received the William Freeman Snow medal for distinguished service to humanity
- Major General Edwin P. Parker, Jr., USA (ret.), former provost marshal general
- Dr. Charles D. Bowdoin, Georgia's VD control officer
- Mrs. Florence Sands, then executive director of the Social Hygiene Association of Dayton and Montgomery County, Ohio
- Dr. Jacob A. Goldberg, director of the New York Tuberculosis and Health Association's social hygiene division
- Dr. G. G. Wetherill, director of health education for the San Diego public schools

The last five received honorary life membership in ASHA, which values its association with them.

Like many another in America's host of national voluntary agencies, ASHA's job is to help people . . . specifically those concerned about four matters . . .

- About those things that strengthen family life, and those that weaken it.
- About the quality of education their children are receiving in their schools, in their homes, in their churches and youth groups, to fit them for happy marriage and parenthood.
- About the effect of their surroundings on strong family life . . . recreation, or the lack of it . . . prostitution, disorderly bars and taverns and nightspots.
- About the tragedies of sexual promiscuity . . . unmarried parenthood, venereal disease.

These are social hygiene concerns. These are ASHA's concerns. By focusing on them, we hope to inspire to even greater goals those men and women who today are advancing—with spirit and imagination—along a front defined for them by Jane Addams, and Cardinal Gibbons, and Dr. Charles W. Eliot, and other great Americans, back in 1914.

Now is the time for introspection and evaluation . . . for steady application of techniques that have proved themselves, for vision and enterprise in turning new tools to productive use, for relentless concentration on old evils, for hope, and courage, and work.

ASHA's Financial Statement for 1953

Net worth plus adjustments—January 1, 1953		\$178,986.11
Income—January 1 to December 31, 1953		
Contributions from Community Chests, other		
united campaigns, the United Defense Fund		
and individuals	\$367,706.03	
Membership dues and subscriptions to Jour-		
nal of Social Hygiene	3,870.40	
Reimbursement for services	22,074.86	
Income from books, pamphlets, films and		
other materials	13,623.55	
Miscellaneous income	914.44	
William F. Snow medal fund	3.00	
International fund		
Contributed by the Rockefeller Brothers		
Fund and others	7,141.04	
Total income for 1953	\$415,333.32	,
Expense—January 1 to December 31, 1953		-
	# 54 560 00	
Administration	\$ 74,562.82	
Field service and community organization	171,621.83	
Public information	51,455.45	
Legal and social protection	71,933.05	
Education	38,592.10 14,883.45	
International activities	2,204.29	
Medicine and public health Publications and educational materials	15,975.73	
William F. Snow medal fund	5.72	
william r. Snow medal fund		
Total expense for 1953	\$441,234.44	
Margin of expense over income for 1953		\$ 25,901.12
Assets		
Cash, including revolving funds and petty cash	\$135,474.85	
Advances for travel	2,899.00	
Accounts receivable	4,821.15	
William Freeman Snow medal fund	303.01	
International fund	9,641.04	
Total assets	\$153,139.05	
Liabilities	54.06	
Net worth—December 31, 1953		\$153,084.99

Dr. Prince Albert Morrow and His Aides

by Walter Clarke, M.D. Executive Director Emeritus American Social Hygiene Association

It is curious how God, Fate, Nature—whatever name one gives to the force that commands man's march toward a higher social order—prepares some men for a specific mission and then sets them to work.

Until he was 56 years old Dr. Prince A. Morrow showed no sign that he was destined to become one of America's great humanitarian leaders . . . yet from the vantage point of history we can see that his professional training and experience, the skills he acquired, the personality he developed fully prepared him for the role he was to play. What is more extraordinary, we can identify the particular time and place when in spite of many discouragements he found both his mission and the fervor to carry it out.

Dr. Morrow's whole professional career was centered in New York City-Born in 1846 in Mt. Vernon, a small Kentucky town, the son of a Confederate general, he completed his pre-medical studies at Princeton College, Ky., in 1864 and ten years later received his doctor of medicine degree from New York University's medical college. After studying skin and genito-urinary diseases in Paris, London, Vienna and Berlin, he began to practice his specialty in New York City.

He was soon appointed to the faculty of New York University and to the staff of various hospitals. As the years passed he rose through the ranks to a professorship in dermatology and genito-urinary surgery in the medical school from which he had been graduated.

Morrow was active in professional societies . . . a member of the New York Academy of Medicine, president of the American Dermatological Society and an honorary member of the leading European societies in his field of medicine. He wrote several books widely used in medical schools; his book on leprosy, based on research in California, Mexico and Hawaii, attracted wide, favorable notice.

In 1830 Alfred Fournier's Syphilis and Marriage, which Morrow translated and edited, was published in the United States. Neither Morrow's work on this great book nor his own observations of the devastating effects of venereal disease in marital and family relations were yet sufficient to launch him on the campaign of education and reform for which he is known today. Another 22 years were to pass before he was ready.

Meantime medical and lay interest in the ravages of venereal disease and the iniquity of prostitution was building up in Europe. In 1899 an international

congress, meeting in Brussels to consider the prophylaxis of syphilis, made such encouraging progress that a second congress for the same purpose met in 1902, again in Brussels.

This conference made history. There were representatives from every civilized country of the world . . . including a small delegation from the United States. The great influence of the second international congress arose partly from the distinction of the participants but mainly from the sound and practical recommendations they made. Among the most important suggestions for combatting syphilis were the following:

- To suppress prostitution of minors.
- To improve the instruction of physicians.
- To undertake widespread popular education.
- To provide free diagnosis and treatment.
- To eliminate discrimination against patients having syphilis.
- To suppress quackery.

The congress called upon the national delegations to launch educational programs in their own countries immediately upon their return to their homes, and engendered among the delegates such a missionary spirit that we can trace the efforts to combat the venereal diseases in many countries directly to this conference—and nowhere more clearly than in the United States. This is all the more extraordinary when we remember that this congress was held before modern methods of diagnosis and treatment were available, though they were to come soon.

Morrow was 56 years old and a highly distinguished physician when the second international congress met. He had himself appointed a delegate for the United States (presumably by the American Dermatological Society) and went at his own expense to Brussels. Upon his return to New York he immediately began to write and speak on the prevention of the venereal diseases.

Morrow was a man of the most distinguished appearance, tall, handsome, aristocratic, and he was an excellent public speaker. That he also had a gift for writing clearly, convincingly and dramatically any one may learn today by reading his books. He now began to employ his natural endowments and his distinguished position as a physician to urge an end to the "conspiracy of silence" and to launch a modern scientific attack on the venereal diseases.

He centered his attack on the toll of misery and death caused by syphilis and gonorrhea in marriage and family life . . . and for this purpose wrote and published *Social Disease and Marriage*, which describes the damage done by venereal disease and proposes a social, moral and medical program of action.

He became a great leader in that he had great fallowers. He found and inspired young men at high intelligence and fine ideals, particularly three who were his aides. He had the prophetic vision to advacate new social and ethical principles which, though rejected at first, became the ideals toward which American society has strived for several decades, and will strive while it remains a Christian democracy.

Morrow was a man of broad culture and sympathy. He had a wife, two sons and a daughter whom he idolized. He was in a field of medicine that gave him first-hand knowledge of the sexual activities and problems of men and women, and he knew before he began his great work that progress would be slow and discouragements many, but he did not on this account either hesitate nor suggest superficial measures. To be included in his program a proposal had to be sound morally and socially as well as medically.

Out of medical origins

As a physician Morrow appealed first to his colleagues for they, he said, knew more than other people the disasters caused by venereal disease, especially in families. It is a credit to the medical profession and a tribute to Morrow himself that nearly all the local social hygiene societies that arose from his efforts were led by medical men, and some societies were under the official auspices of medical societies.

He begged the clergy to support his educational proposals on moral and religious grounds—and a few did even from the beginning.

He proposed to public health authorities that they institute practical measures for diagnosing and treating venereal disease, but with a few exceptions—for instance, the young health officer of California, Dr. William Freeman Snow—they paid little attention to his suggestions.

He told newspapers they could greatly aid the cause of enlightenment by publishing the facts about the venereal diseases and and the dangers of prostitution, in place of the almost daily exhibition of scandals. And he called on parents, educators and social leaders to carry on a campaign of education that could lift the subject of sex out of the gutter where ignorance and superstition had cast it and set it where it belongs as a natural and noble endowment upon which depends the perpetuation of the species.

Some of Morrow's proposals seemed revolutionary at that time. He attacked the double standard of sex morals—complete, ironclad chastity for women, license for men. So-called "sexual necessity" does not exist, he asserted.

International milestones in the control of VD and prostitution

- 1899 First International Conference for the Suppression of Traffic in Women, England.
- 1899 First International Conference on Prophylaxis of Syphilis and Venereal Diseases, Brussels.
 Second, in 1902, Brussels.
- 1902 Congress on International Traffic in Women and Children, Paris. International agreement for the suppression of the white slave traffic adopted in Paris in 1904, and ratified by the United States in 1906.
- 1910 Second International Conference for the Suppression of the White Slave Traffic, Paris.
- 1919 League of Red Cross Societies Conference on Health Conservation, Cannes. Recommended annual national Red Cross regional venereal disease conferences.
- 1920 All-American Conference on Venereal Diseases, Washington.
- 1920 Incorporation of Article 23c in the League of Nations' Covenant for executing agreements concerning international traffic in women and children.
- 1920 International Labor Organization, Geneva. Recommended free treatment for venereal disease among seamen.
- 1921 Conference on Welfare of Mercantile Marine, Copenhagen. Studied agreements for treatment of seamen with venereal disease.
- 1921 International Convention for the Suppression of the Traffic in Women and Children, Geneva.
- 1921 League of Nations Conference, Geneva. Recommended and later appointed an advisory committee on traffic in women and children, with a central office in Geneva.
- 1921 Northeastern, Eastern and Western Europe Conferences on Venereal Disease Control, Copenhagen, Prague and Paris.
- 1922 International Conference on Standardization of Sera and Serological Tests, Health Organization of the League of Nations, Paris.
- 1923 International Union Against the Venereal Diseases founded in Paris. Except during war, held regular meetings annually or biennially thereafter in key cities.
- 1923 Laboratory Conference on Serodiagnosis of Syphilis, Health Organization of the League of Nations, Copenhagen.
- 1923- The League of Nations' Council appointed a special body of experts on traffic in women
- 1927 and children.
- 1924 Signatures put to the International Agreement of Brussels providing for free VD treatment for seamen and watermen in the principal ports of the world. (The United States is not a signatory.)
- 1926 Norwegian Red Cross Society, with League of Red Cross Societies attending, Oslo.
 Investigated anti-venereal disease treatment facilities for seamen.
- 1928 Laboratory Conference on Serodiagnosis of Syphilis, Health Organization of the League of Nations, Copenhagen.

- 1929 International Conference on Health and Welfare of Merchant Seamen, Geneva. Studied venereal disease and protection of women.
- 1930 Laboratory Conference on Serodiagnosis of Syphilis, Health Organization of the League of Nations, Montevideo.
- 1930 The League of Nations' Council appointed a commission of enquiry into traffic in women 1933 and children in the Far East.
- 933 International Convention for the Suppression of the Traffic in Women of Full Age, Geneva.
- 1934 Ninth Pan American Sanitary Conference, Buenos Aires.
- 1936 21st International Labor Conference, Geneva. Recommended suppression of prostitution in labor districts and areas frequented by seamen.
- 1936 Third Pan American Conference of National Directors of Health, Washington. Emphasized epidemiological aspects of the VD problem.
- 1937 International Convention for Suppressing the Exploitation of the Prostitution of Others.

 (The League of Nations' functions in this field were transferred to United Nations in 1947.)
- 1938 10th Pan American Sanitary Conference, Bogota.
- 1942 11th Pan American Sanitary Conference, Rio de Janeiro.
- 1943 Anglo-American Caribbean Commission, and Interdepartmental Committee on Venereal Diseases, Washington.
- 1944 Caribbean Social Hygiene Conference, San Juan.
- 1946 First Central American Congress of Venereology, Panama.
- 1947 12th Pan American Sanitary Conference and Second Pan American Health Education Conference, Caracas.
- 1947 IUVD established a regional office for the Americas in New York City.
- 1948 Second Central American Congress of Venereology, Guatemala City.
- 1948 First World Health Assembly, Geneva.
- 1948 IUVD accepted for official relationship with World Health Organization of the United Nations.
- 1948 6th annual meeting of the U. S.-Mexico Border Public Health Association, Laredo, Texas, and Nuevo Laredo, Mexico. Attended by ASHA and IUVD each succeeding year.
- 1949 IUVD established a regional office for Europe in Zurich, now in Rome.
- 1949 With the cooperation of IUVD the World Health Organization established the International Anti-Venereal Disease Commission of the Rhine.
- 1950 First Regional Conference for the Americas of IUVD, New York City.
- 1950 Third Central American Congress of Venereology, El Salvador.
- 1952 Fourth Central American Congress of Venereology, Costa Rica.
- 1953 IUVD renamed International Union Against the Venereal Diseases and the Treponematoses, with a program in line with the venereal disease section of the World Health Organization.
- 1954 Fifth Central American Congress of Venereology, Honduras.

He shocked the medical prafessian by suggesting that venereal diseases shauld be repartable, like ather cammunicable diseases. The transmission of venereal disease should be legally punishable, he thaught, and candidates for marriage might well be required to submit to a premarital examination for venereal diseases.

He believed and preached that the man should be equally guilty and outcast with the prostitute he patronized. He thought it outrageous for a male habitué of a brothel to be accepted in good society, even as a candidate for the hand of the daughter of respectable people, while the female inmate of the same brothel was a social outcast. The clergy should teach the single standard of morals, Morrow said.

No system of licensing or regulating prostitution could be depended on to protect public health, he contended, and it was infamous that the state should be a partner in or condone a traffic that corrupts morals and spreads disease.

Morrow asserted the American people would not tolerate the European system of regimentation, and he cited the experience of Missouri. In 1872 Missouri enacted a law with provisions similar to the typical European regulations. After it had been in operation about a year more than 100,000 people petitioned for its repeal. Dramatically a wheelbarrow decorated with white ribbons and accompanied by a group of young girls in white gowns rolled the gigantic and emphatic signature-bearing protest against licensing of vice to the legislature. It entirely overwhelmed the counter petitions, conspicuously signed by many members of the medical profession.

As a positive solution to the "sex problems" so-called—that is, the situation created by the sexual hunger of young men—Morrow suggested early marriage. While he laid special emphasis on the prevention of venereal disease in marriage and family relations, he said, "The peril to the family is but a part of the vast venereal peril which so seriously menaces public health." He urged women to take a leading part in the struggle against venereal disease and sexual vice, for they are the principal sufferers.

The early sacieties

Morrow's singlehanded efforts through his books, articles and addresses began to make an impression. Little societies to undertake the work he proposed sprang up. They were called variously societies for sanitary and moral prophylaxis (like the original one in New York City), sex hygiene societies and social hygiene societies.

The first social hygiene society was established in Chicago by a distinguished urologist, Dr. William T. Belfield, but the term "social hygiene" was first used

by a Chicago newspaper to indicate the scope of the activities proposed by Morrow, who thought of venereal disease, sexual ignorance, superstition and vice as undermining the very foundations of society through their destructive effects on marriage and the family.

The new term proved popular. As the years passed, old and new societies adopted "social hygiene" as sufficiently comprehensive to indicate their broad interests. It also had the important advantage of relieving people of the need to use taboo words such as syphilis, gonorrhea and prostitution.

By 1910 there were societies in New York City, Baltimore, Chicago, Milwaukee, Philadelphia, Spokane, Portland, Ore., Denver, St. Louis, Jacksonville, California, West Virginia and Mexico City. In each community a local leader, usually a physician, had called together a little group of forward-looking people to see what could be done to enlighten the public about the venereal diseases and the social and moral conditions favoring their spread. In most places these societies were weak and without funds, for the cause was not popular and channels for reaching the public—as through the press—were firmly closed.

As early as 1905 Morrow tried to establish a national organization he called the American Society for Sanitary and Moral Prophylaxis. Five years later, when there were about a dozen local societies, he felt encouraged to substitute a federation of these for the older organization with the complicated name. But now he needed funds and the services of assistants if the movement were to grow.

They were not long in coming to him. He called on his old friend and colleague, a distinguished New York urologist, Dr. Edward L. Keyes, Sr., for help in finding a young man to serve as secretary to the Society for Sanitary and Moral Prophylaxis, as the organization was still called.

The younger Keyes

The elder Keyes said, "Eddie will do it for you," and he called his son and associate, Dr. Edward L. Keyes, Jr., to his office. Many years later young Keyes remarked, "I hadn't any choice in the matter. Father was the sort of person with whom you don't argue." He became the secretary of what he sometimes called the "moral toothbrush society," and during the remainder of his life he served in many capacities as a leader in the fight against venereal disease, prostitution and sexual ignorance.

In 1941 Keyes wrote of that first interview with Morrow: "The unruffled calm, the generous benignancy of Dr. Morrow it must have been that so impressed me the first day I laid eyes on him. He was well enough known to me from his System of Genitourinary Diseases and Syphilis, but I was not prepared for what awaited me when I answered the bell that called me to my father's office.

"There stood that tall, whiskered man whose pallor already betrayed the nephritis that was to kill him, though I was not man enough to recognize it. When we were seated Dr. Morrow explained that he had asked my father to urge me to act as secretary to a society he proposed to found." The young man agreed to work with Morrow, but he never quite understood why. "Looking back at it now," Keyes wrote years later, "there must have been some hypnotism in Dr. Morrow's slow speech and solemn manner. . . .

"Indeed he was earnest in everything," and Keyes recounts that after Morrow injured his wrist he became a terrific one-hand golfer. In spite of poor health and the heavy obligations of a large practice, Morrow regularly carried on an extensive correspondence and wrote many articles and books, all in longhand. It was not until later that he had a secretary.

Morrow's writings for laymen had great appeal for intelligent, idealistic young men. Quite by chance Delcevare King of Quincy, Mass., Harvard graduate of 1895, read one of Morrow's books with the result that he played a key role in helping to launch Morrow's national organization.

King early had launched himself into a life of good works. Reading one day in the Boston papers about the good work of the New England Watch and Ward Society—a juvenile protective organization—King dropped into the office of the society and said he would be glad to help as a director. He must have been persuasive for he was duly elected, was treasurer for a number of years and is now an honorary vice-president of this old and honored agency.

He joined other causes. He marched in a woman's suffrage parade in Boston . . . with difficulty, however, for with a band in front of him and one at the rear playing at different rhythms he could not keep step with either. He took an active part in the temperance movement, and presided over an audience to which President Charles W. Eliot of Harvard delivered a memorable address on the liquor question which was publicized from coast to coast.

King's fund-raising plans

King's own words tell how he came to be one of Morrow's valuable aides-

"I happened to read Dr. Morrow's book, Moral and Sanitary Prophylaxis, and was much impressed by it. When I learned that he was forming a national organization for sex education, the idea came to me of how it should be financed, and I accordingly wrote to him May 23, 1910, sending him my plan . . . which was in substance to raise a preliminary fund of \$5,000 and then spend that in getting founder subscriptions, each one to be \$1,000 a year for five years—later changed to three years. It worked out as 40 founder subscriptions—none to be payable until 20 founder subscriptions were secured.

"I offered to go immediately to New York to help in the plan. I received a reply the next day from Dr. Morrow. I did go to New York and we tackled the job.

"We raised the preliminary fund of something over \$5,000 quite easily, but it was a real task to complete 20 founder subscriptions, each being \$1,000 a year for three years. Finally, however, we did so and raised 22 or 23 founder subscriptions totaling \$66,000 or \$69,000. It was on this that the national society was started."

The contributions to the fund were all from Boston and its vicinity, except seven from New York City. The names of the public-spirited citizens who had the vision and daring to invest in a totally new and unpopular cause deserve to be recorded and remembered. They are . . .

from Boston and its vicinity:

Galen L. Stone Mrs. W. Scott Fitz Mrs. L. Cartaret Fenno Frank A. Day Costello C. Converse Arthur F. Estabrook Henry L. Higginson Miss Annette P. Rogers Miss Mary Lee Ware Miss Elizabeth C. Houghton Ernest B. Dane Misses Ellen F. and Ida Mason Mr. and Mrs. David F. Kimball Richard B. Carter Mrs. Mary A. Tappan Mrs. John Story Cobb

Miss Caroline Emerson Theophilus King Arthur S. Johnson Herbert A. Wilder Thomas B. Fitzpatrick Frank W. Krogman John H. Storer

from New York City:

James J. Hill
Cleveland H. Dodge
Miss Grace H. Dodge
R. Fulton Cutting
W. Bayard Cutting
Felix M. Warburg

(Ten of the subscriptions were for less than \$1,000 a year for three years.)

Mr. King became a member of the board of Morrow's new society and later served on the board of the American Social Hygiene Association, which grew out of these beginnings. He recently remarked about this early and successful fund-raising effort, "This is the most unusual thing I have ever done—and one of the most resultful."

At about this time Morrow asked King to help him get Dr. Eliot as honorary president. He was known to be interested in sex education. King advised that Morrow should simply write Dr. Eliot and ask him to serve in whatever capacity Morrow chose.

Evidently Morrow followed this advice, for in June, 1910, when the obscure and awkward name of the American Society for Sanitary and Moral Prophylaxis was changed to the blunt and easily understood American Federation for Sex Hygiene, Eliot's name appeared as honorary president and Morrow's as president.



Mr. King

For about three years the work of the American Federation for Sex Hygiene went forward under Morrow's guidance, using the funds collected with King's assistance. New local societies were established, a large amount of educational publications was distributed, hundreds of lectures were given in larger cities from New York to San Francisco and from Portland, Ore., to Jacksonville. An increasing number of influential people participated.

But gradually it dawned on some of the leaders that there was a vital community of interest between the Federation and another agency called the National Vigilance Association . . . created in 1906 under the leadership of Dr. E. O. Janney, Miss Grace Dodge, Miss Jane Addams, John D. Rockefeller, Jr., and James Bronson Reynolds, to combat commercialized prostitution. Not only the programs but the leadership of the two associations overlapped to a considerable extent.

The leaders therefore proposed that the two agencies merge. Dr. Snow, Mr. Reynolds, Mr. King and others arranged a joint meeting in Buffalo in October, 1913, to effect the merger. Beforehand they had to complete certain important preparations . . . prepare a constitution and by-laws, select an outstanding national figure for nomination as the president of the new organization who would accept when elected.

At this point the third of Morrow's brilliant young aides enters the story . . . Dr. Thomas N. Hepburn of Hartford, Conn. In a recent letter he tells of his part in these events:

A man of sympathy—and of action

"I was an intern at the Hartford Hospital, 25 years of age, when I had to take care of a young married woman of exceptionally charming appearance and personality, dying of acute gonorrheal peritonitis. This was two weeks following her marriage to a man who had been entertained at a bachelor party the night before his wedding and, as a joke on him, his friends had gotten him intoxicated and put him to bed with a prostitute. She infected him with gonorrhea, and he in turn infected his bride, who got acute pus tubes and gonorrheal peritonitis, and died.

"This episode upset me greatly. Visiting me soon afterwards were my wife's sister and her husband, Dr. and Mrs. Donald R. Hooker of Baltimore. Dr. Hooker had been in my class at Hopkins. I related the episode of the young woman's death to them and they told me that in their recent trip to Germany they had come in contact with the head of the social hygiene department of Berlin, who had referred them to Dr. Prince A. Morrow of New York as a man doing remarkable pioneer work in regard to venereal diseases.

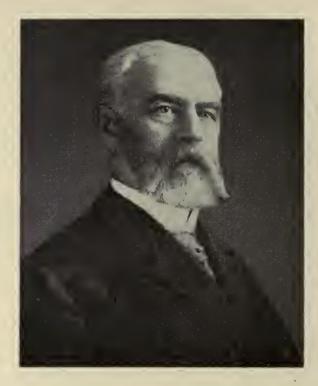
"Soon, on my next visit to New York, I looked up Dr. Morrow, who also told me about Dr. Edward L. Keyes, Jr., whom I knew by reputation. They told me of a newly organized society called the American Society for Sanitary and Moral Prophylaxis, of which Dr. Morrow was president and Dr. Keyes, Jr., secretary.

"This society held its first meeting February 3, 1905, and published its first volume of transactions May 31, 1906. I read this volume with great interest and wrote a general philosophical paper on the subject which was published in the *Yale Review* of that year, and I made several speeches before Hartford church organizations.

"The American pioneer"

"Dr. Morrow's interest was so great that he came to Hartford to urge me to form a Connecticut Society for Sanitary and Moral Prophylaxis. His personality was so striking that anyone who saw him and heard him was greatly impressed . . . He was tall and thin with a short beard and sideburns, courtly manner and an excellent speaking voice. He was obviously dedicated to the prophylaxis of venereal disease and did not stint the loan of his time and talents to promote the idea. Certainly he, more than anyone else in this country, can be termed the American pioneer. . . .

"Somewhere between 1907 and 1908 my old classmate, Dr. Hooker, who was assistant professor of physiology working with Howell at Hopkins, approached me with the proposition that if I would organize a Connecticut Society for Social Hygiene he would organize one in Maryland. I told him that even if I might find the time, I didn't have the money for such an enterprise and he said that he would see that I got the money I needed.



Dr. Morrow

"It was this year that Mrs. George Bernard Shaw of London published a volume called *Three Plays by Brieux* and one of these plays was *Damaged Goods*. I read this play and was greatly impressed by it as it was the first play that I had ever seen that dealt dramatically with syphilis and its inheritance—much more in detail than Ibsen's *Ghosts*.

"I wrote to Mrs. Shaw asking if she would object to my taking this individual play out of her book and using it for educational propaganda purposes. Her husband, George Bernard Shaw, answered my letter and said they had no objection, but that Brentano's of New York had the American copyrights and if they agreed to publish the play separately he would be glad to write a preface for me.

The whole edition

"There were several changes in the medical text of this play (based on facts that had been given Monsieur Brieux by Dr. Fournier, a world authority on syphilis) that I wished to make, so I wrote to Monsieur Brieux for permission, stating what changes I wished to make, and I got his entire cooperation. I then went to Brentano's armed with these permits, and they agreed to print 10,000 copies for me if I bought the whole edition.

"Several months later four huge boxes, much too large to come through any door, were deposited on the sidewalk in front of my Hartford office. So I opened them up and moved the volumes in, armful by armful, my secretary assisting me. We piled them in my office waiting room with the result that two-thirds of the waiting room was filled with Damaged Goods."

Later Dr. Hepburn assisted Richard Bennett in producing the play in New York, where it created a sensation with Bennett in the leading role. Still later there appeared a movie version of *Damaged Goods*. The educational value of the play was considerable.

Dr. Hepburn successfully used copies of the play to interest Connecticut people in a society along the lines suggested by Morrow and continued to work with him toward an effective national organization...planning for the meeting in Buffalo and the merging of the American Federation for Sex Hygiene and the National Vigilance Association. It was generally thought that an outstanding educator should be chosen as president of the new organization, and everyone thought first of Dr. Eliot.

Dr. Hepburn continues his story-

"I don't remember exactly how or by whom I was authorized to sound out Dr. Eliot on the idea. Certainly I must have had the acquiescence of Dr. Morrow. Be that as it may, I went to Cambridge, entirely unannounced, to see Dr. Eliot, reaching him thus about 11 o'clock in the morning. I had never seen him and he had never heard of me. This stately man, with his whole left face covered with a wine-colored birthmark, received me politely and we talked in his office for several hours.

"He agreed that the idea was an important one and also that it would be greatly criticized. However, the leadership of such an important idea rather appealed to him, provided a suitable constitution could be evolved and suitable financial backing obtained. He asked me to draw up the outline of a constitution and we then discussed financial backing

"It was at about this stage of our conversation that Dr. Eliot showed me the qualities of a great man. He turned to me with a rather wry smile, 'You know this situation is rather amusing. My friend President Wilson has asked me to be ambassador to England. I confess I am very much flattered by his request and I am egotistic enough to think that a scholarly ambassador to St. James' Court might be a welcome change.'

Dr. Hepburn prepared a draft constitution and after a long conference with Dr. Eliot and Dr. Morrow the draft was satisfactory. The Buffalo meeting took place in October, 1913, with Dr. Eliot, Mr. Rockefeller, Mr. King, Dr. Hepburn, Dr. Snow, Mr. Reynolds and others present. The merger was voted, the constitution adopted, Dr. Eliot was elected president and King and Hepburn members of the board of the new organization, which was named the American Social Hygiene Association.

"He then reached for a letter on his desk, stamped and sealed, addressed to President Wilson, saying: "This letter contains my acceptance of the appointment as ambassador to England. When I' think, however, that my whole life has been spent in educational work and that this reputation may have convincing force in the educational field, I think it is probably my duty to accept your proposition and lend my influence in forwarding education in this unusual field of thought!"

An ambassadorship in the wastebasket

"With that he tore the letter to President Wilson into pieces for his wastebasket in a dramatic act which I am sure was far from his intent. A truly great man!"

Dr. Morrow was not present to see this long step forward in the work to which he devoted the last ten years of his life. After a long illness he died March 17, 1913. But he lived to receive the tribute paid to him while he lay ill, by the XV International Conference on Hygiene and Demography, meeting in Washington in 1912. The delegates voted a resolution honoring him for his "courageous and unflinching attitude in the face of difficulties that would have discomfited an ordinary man."

Dr. Eliot concluded an address to a memorial meeting for Morrow with the words: "What an inspiring life was Dr. Morrow's! Shall we not all resolve to do what in us lies to further his teachings and to get his social ideals realized?"

Social Hygiene's Goals

by Alan Johnstone, Board Member American Social Hygiene Association

Forty years ago into the American Social Hygiene Association was blended the ripe thought of many minds. When the association was born, it merged three groups: the Watch and Ward Society of New England, of which Dr. Charles W. Eliot was representative; the Society for Sanitary and Moral Prophylaxis, of which Dr. Prince Morrow was the spokesman; and the Committee of Fifteen in New York, of which James Bronson Reynolds was the spokesman.

The one represented puritanism at its best. The second pursued the physician's approach to old enemies. The third registered the shock of decent people at the exploitation of the sex instinct by vicious monsters engaged in what came to be known as the white slave traffic; it sought to erase the shame of American cities as exposed by Lord Bryce. Lincoln Steffens, Jacob Riis and Theodore Roosevelt.

Into the newly formed association therefore was blended the best thought of the nation in education, sanitary science and legal order.

The task which the association set for itself was formidable because it involved the challenge of a then almost universally agreed policy of cynicism and hopelessness.

People in the first decade of the present century were much impressed with the proprieties and would not discuss infidelity, prostitution, syphilis and gonorrhea. The Victorian attitude toward these things which seemed insurmountable was to disregard them and so to create and accept the fiction of the "sex necessity" of men and the double standard of morals. To adopt a line from Oscar Wilde's play, "The Importance of Being Earnest," an eligible marriage mate for a young woman of that era was a "man who knew everything or one who knew nothing"—an accomplished roué or a complete innocent. Out of this miasma of marriage, the rank weeds of divorce have grown and flourished.

Sir William Osler had made the startling statement that one of every ten people in our cities had syphilis. Blind babies and mounting abdominal surgery on women attested to the ravages of gonorrhea. Medical opinion varied from the questing concern of Osler and Welch and Morrow and Keyes to the more prevalent escape that freedom from syphilis could be obtained with soap and water and that gonorrhea was no worse than a bad cold.

The civic cynic was also at his zenith. To the outraged citizen, shocked at the rottenness in the municipal Denmarks of America, he had a ready reply. It was: let the police deal with vice; reformers were a nuisance; it was obviously better

to segregate vice than to scatter it all over the city; you couldn't legislate morals into people; nature must be served; there were no involuntary prostitutes; moreover, the French from Napoleon's day to the present, the cynic said, had the best system, which was toleration and medical inspection.

Against this triumvirate of error, the newly-formed Social Hygiene Association couched its lance. Behind the lance was a firm body of moral purpose but the point of the piece was scientific inquiry. There is no effective way to overcome darkness but by light, no weapon against the false but the true, no cure for emotional slumber but the facts.

The poet tells us that truth crushed to earth shall rise again and that the eternal years of God are her's. But we didn't have that long to wait at the outset of the present century. The scientific world was in ferment. This was true in the physical and the social sciences as well.

- The phenomena of germs, the tiny organisms of life and death, had been demonstrated by Pasteur.
- David Starr Jordan began to publish his studies in psychology and human behavior.
- Koch isolated the tubercle bacillus, and the fight on the great white plague was on.
- Welch discovered the gas bacillus, and gangrene from wounds was on the way out.
- Wasserman announced his blood-test to find the spirochaeta pallida that lay at the root of syphilis, and Ehrlich his 606th experiment in arsenical compounds to cure it.
- The gonococcus also fell under the searching eyes of men with microscopes.
- Abraham Flexner published his devastating revelations of prostitution in Europe and the futility of the policy of toleration and medical inspection of prostitutes.
- Raymond Fosdick completed his study of European police systems that
 gave chapter and verse on the corrosive effects of regulated vice on the
 integrity and utility of police administration. His companion book on
 American police systems was an equally revealing study of the same
 phenomena in America.

From these advances in medical and social science were drawn the elements of a new fight on the venereal infections and a new approach to the administration of criminal justice. They needed to be marshalled and the whole forged into an effective weapon for social health.

The marshal appeared. He had sat under Dr. Jordan in the first class at Leland Stanford. He sat also under Dr. Welch at Johns Hopkins, where flourished in America the same spirit of inquiry that had inspired the European scientists. This so inspired man was William Freeman Snow. He was a quiet, determined, tolerant and brilliant man. His modesty was exceeded only by his great accomplishments.

First he became health officer of California, where he attacked the venereal diseases with all the weapons in the armory of the state. It was an uphill but a winning fight. The man literally fought better uphill.

Then Dr. Eliot, near the end of his great career, justified his wisdom. He chose Dr. Snow to lead the American Social Hygiene Association.

In this same year, an assassin fired a bullet into the King of Serbia at Sarajevo. The shot was a spark in a powder house. In one month the Central Powers of Europe were at grips with the Allics. In thirty months the whole world was arrayed against the armed camp of Germany. America entered the lists. The essential rights of free men were at stake.

War demands the best. Wars are won only by the best ideas, by the best command and by the best men. In the final analysis, the only thing that counts in war is men fit to fight. When the chips were down the Allies had them. In the final drive the added strength of America smashed the German lines to bring the war to an uneasy peace.

At the second battle of the Marne, the French Army had more men disabled from the venereal diseases than from battle wounds. These infections breed on the turmoil of war.

On the call to arms in 1917, the American Social Hygiene Association threw in its lot with the armed forces. In cooperation with the high command, it developed a program that reduced venereal infections to manageable proportions. Moreover, a system of ambulatory medical treatment was devised which kept the maximum number of men in the lines.

Army and Navy commanders, at first skeptical, came to agree that (1) repression of prostitution, (2) early preventive treatment, (3) wholesale clinical treat-



Dr. Snow

ment of soldiers, sailors and civilians, (4) recreation in leave time, and (5) education and forthright ethical standards would preserve the strength of fighting forces.

The success of this new and bold fight on old racial enemies is recorded in the medical annals of the Army and Navy. Its more lasting effect was the impact of the returning soldiers, who demanded that their home towns and cities be kept as wholesome as their camps had been. In three short years the veils of darkness and ignorance and error, three hundred years in the weaving, were drawn back.

· There were lapses between the two wars.

When the total war of the forties came, the way had been cleared for a far more effective fight on the old enemics against which the social hygienist was still arrayed. The old leaders were alive. A new generation of political and military leaders had a new approach. The American Social Hygiene Association went to war again. It stayed in training for the defense program that sprang from Korea. Strong, virile leadership came from all levels of the military establishment. In the midst of war came the sulpha drugs and penicillin, to give us the most effective medical weapons we have ever had.

Red lights are dimming

Investigation and reporting on prostitution and the rating of citics and towns for effective police and legal administration have been perfected and reduced almost to a science. The fight on the baneful traffic in women and children has checked a menace the world over.

While eternal vigilance is still the price of social health, as of liberty, we now know we can win and we know how to fight to victory.

The venereal infections can and will be stamped out, and they and the sacrifice of men and women to the lusts of the vicious will go the way of the dinosaurs. Gangrene, if not battle wounds, has gone. Typhoid and polluted water are in the past. Tuberculosis, if not malnutrition, is passing. Yellow fever and its social mosquito are passé. Malaria and the nocturnal mosquito are tougher, but are yielding. There is now no reason that syphilis and gonorrhea, with their hot beds, the red-light districts, should not disappear nor live only as the furtive few, hunted for the deadly frauds they are.

What of the future?

In courtship, marriage, children and home are bound up the things men live by. Home is the cradle of the race and its sure fortress. Here each man and woman and each boy and girl receive and perfect their gifts. And from this holy place each comes forth into a world where he lays what he has on the altars of mankind. "Be it ever so humble, there's no place like home." And said the Elder Pitt, "A man's home is his castle. The rain may fall through its rude



From out our homes.

roof and the winds of heaven rattle its shutters. But the King of England may not enter." For here is freedom. For it we fight and in it we live. In our homes young hearts bring forth new souls; maturity tempers its strength and transmits and improves its powers; the old are young and the young are gay.

When World War I was ended and we met to assess our gains in social hygiene, the medical officer in charge of the anti-venereal campaign in the A.E.F. made a significant statement. He said that of all that was done, the most powerful thing that kept the Army fit was the appeal to the men to be fair to the women back home. When men and women face danger, only the realities have meaning. They stand on the foundations.

We social hygienists who have fought the good fight may now make more secure the foundation under our gains. We think of education. But it is more than that. If we are wise enough, tolcrant enough, humble enough, we may yet serve our day and generation still better. We may turn the light of scientific inquiry onto the shoals on which homes are wrecked and onto the stresses that break the bonds. We may interpret the good and expose the errors. We may speak the truth if we can find it and trust in its power to make men free.

I here voice the hope that the day may come in this blessed country when those upon whose brows we place the laurel wreaths will be they who have reared fine children, their own or those of others for whom they have sacrificed. We may yet in America acknowledge without self-consciousness that heroism in our nation consists in doing well the most important work of man . . . to beget, to nurture and to mature people of fine character, good minds, strong bodies. A country with such people will deserve freedom, will cherish it and defend it. To such a people will come peace in a troubled world. For its example will have power to quiet the towering waves that trouble its world.

These virtues are born and bred in homes and in happy families.

The years to come

The social hygienist of the future is he who will improve the social climate of the home and family. He will deal with the powerful emotions that drive men and women to fine achievement or, misdirected, to the depths of despair. It is the positive drive that has purposeful power. Reverse gear lacks direction. I cherish this high ground for the American Social Hygiene Association. We seek the good of superior families and happy homes. We would fill the pitfalls and fortify men, women and children with knowledge of the real facts of life, all of them. We would identify the false facts so that they may be warned. We would idealize the true facts so that they may be realized. And these truths are physical—yes; they are mental—certainly; they are emotional—truly; they are spiritual—surely. Against them the forces of disease, of lust, of cynicism and all the powers of darkness will break their frail weapons.

If we can walk uprightly, humbly and helpfully into these holy places, we may yet serve our country even more basically.

It is true of social organization, as of people . . . where there is no vision, they perish. But given vision, the will to do is born, and life begins. It may be with the American Social Hygiene Association that life begins at forty.

CREDITS

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by Elizabeth B. McQuaid

Marriage and the Family, by Ray E. Baber (New York, McGraw-Hill, 1939, 1953. 719p. \$6.00) is a college text reviewed by Prof. John Sirjamaki of the University of Minnesota.

This new edition of Baber's textbook on preparation for marriage and family living is likely to be as widely used in college classrooms as its predecessor has been.

It will appeal to students in family courses on several counts—for an able exposition of the subject matter, a clear narrative style of prose, use of colorful details or case excerpts, and discussion of issues or problems of sex or family living to incite thought and discussion. Baber has furthermore maintained a scholarly and fatherly attitude toward students throughout his book.

Since his objectives deal with teaching family sociology, Baber's concern with a theoretical analysis of the family is limited. He writes as a sociologist but does not actually advance a sociological understanding of the family. While he indicates a considerable knowledge of family literature and researches throughout his pages, he does not emphasize a research orientation upon his readers nor incorporate many technical research findings into his discussion.

His book is a sensible, readable volume, but not an adequate synthesis nor interpretation of sociological theory concerning the family.

Textbook of Preventive Medicine, by H. R. Leavell, M.D., and E. Gurney Clark, M.D. (New York, McGraw-Hill, 1953. 629p. \$8.00) is reviewed here by John William Lentz, M.D., of the Philadelphia health department.

The authors present with clarity a panoramic view of the preventive aspects of medical care and provide easy, stimulating and fruitful reading for general practitioners, students and semiprofessional individuals interested in the welfare of mankind.

Most physicians are individualists, proficient in the medical management of their own patients. Today, however, and in the unforeseeable future, these same doctors must be awakened to their increased responsibility to community health and welfare needs, and become active, cooperating members of a public health team working toward a common goal of "health for all."

Ultimately, the people, the patients and the community should benefit from the interest created in preventive medicine and public health in the minds and hearts of their own doctors who read this textbook of preventive medicine.

To help callege students studying adalescent psychology, McGraw-Hill is distributing a series of five films based an Prafessor Elizabeth Hurlock's textbook, Adalescent Development. Dauglas M. Kahn, psychologist far the New York Tuberculosis and Health Association, reviews the films and finds them, with one exception, useful to those who want to understand young people. Produced by Crawley Films, Ltd., of Canada, the series is available from McGraw-Hill, 330 West 42nd Street, New York, N. Y., for \$475 in 16 mm. black and white.

The Age of Turmoil (\$110) focuses on early adolescent behavior that reflects the emotional turmoil of this period . . . destructive criticism of school, unrealistic ideas about the future, giggling, hours spent in seemingly useless activity. Most of the scenes are in the home where parents react, appropriately or inappropriately, to the varied personalities of their children.

Meeting the Needs of Adolescents (\$105) shows what parents can do to prepare their children constructively for the future . . . and indicates some of the needless worries parents have about their teen-agers. Here parents of a 17-year-old girl and a 14-year-old boy meet their children's basic physical needs, stimulate and direct their mental development, guide their spiritual growth and help them develop a social consciousness that will make them good companions in later life.

The Meaning of Adolescence (\$90) underscores the unsureness of the adolescent—neither child nor adult—in adjusting to social, emotional, mental and physical changes. Episodically, the film concerns a boy and girl of about 14 to 16. An understanding adult can help these teen-agers adapt themselves to physical maturity, social living, the opposite sex, religious doubts and a moral code.

Social-Sex Attitudes in Adolescence (\$120) shows how young people meet, and are helped to meet, their main problems in becoming aware of and adjusted to the opposite sex... how they grow in understanding of the meaning of sex. Here children, given sex education by their parents, become gradually more conscious of the opposite sex, begin dating different kinds of boys and girls until they have a fairly clear idea of the kind of person they will marry, and handle problems like petting. Finally they meet someone whose interests they share, fall in love and marry.

Physical Aspects of Puberty (\$100) describes the physical changes in adolescence... the importance of the endocrine glands in puberty and the development of male and female reproductive organs and secondary sex characteristics. After establishing these basic physical facts through animation, the film uses live actors to show how normal variations in development can have social repercussions. There is a nice balance between the animated and the real-life scenes.

The film, which fits well into the series, is intended for psychology classes in college, and for parent groups. The character and educational background of the audience must determine the film's use, for even though its concepts are relatively simple, there are technical terms that may not be understandable to all.

These films make their points simply and clearly, though academically. Missing is the dramatic flavor that would give them appeal. A good discussion leader, however, could make profitable use of these films.

Only one of the films raises a serious question—Social-Sex Attitudes in Adolescence. Although the film asserts that the teen-agers represented are not the only types to be found in American society, the film itself seems to contradict this declaration . . . the girl as a normal type is nicely done, the boy as a normal type is not. Out for what he can get, associating with the most attractive girls for sex only, he shows disrespect for girls as persons. As he gets a little older he undergoes a metamorphosis . . . his school work becomes more interesting, his dating less frequent, his attitude more serious. When he meets the girl he wants to marry, he suddenly seems to know the limits of the situation, acts less exploitatively and shows more respect for this girl than he has ever shown to a girl before.

Do we want to screen a film which represents a boy of this kind as one of the acceptable types of growing young men? I would rather think that the attitudes of teen-agers toward girls should include—from the very beginning of their dating experiences—a knowledge of limits based on moral compunctions. Males can't split their emotions, nor is it wise for them to try. This division is implied when they exhibit exploitative attitudes in early adolescence, unselfish attitudes later.

Two other 1953 films, both 16 mm., reviewed here by Mr. Kahn, were produced by the National Film Board of Canada and are also distributed by McGraw-Hill of New York. The Frustrating Fours and the Fascinating Fives, for parents, is \$110 in black and white and \$190 in color. Shyness, for parents and teachers, is \$115 in black and white.

The Frustrating Fours and the Fascinating Fives, third in the Ages and Stages series, is a careful documentation of the typical behavior of the four- and five-year-old. With humor and understanding the film shows parents what kind of behavior to expect of children this age and what methods will best facilitate normal growth.

Here is a nice presentation of the many experiences parents of young children frequently have, but, conversely, some fives are frustrating and some fours fascinating, and generalizations don't account for individual differences in children's growth.

Shyness shifts from a picture of the lonely existence of a typically shy adult to a study of three children . . . Anna, shy but wistfully wanting friends, Jimmy, whose excessive timidity is a symptom of deep emotional disturbance, Robert, aloof but happily independent. The film reveals that the demands of these children's parents destroyed the children's confidence and predisposed them to

shyness. Together, teacher, psychiatrist and parents happily bring about a change in the children's attitudes.

Here is a discussion of degree as well as of quality of shyness . . . in some children shyness is natural and even desirable, in others it is psychologically harmful, the result of unwise attitudes of parents. There is a beautiful portrayal of the sensitive approach of teachers who bring shy six-year-olds out of their fear and into happier, more confident relationships with other children and into more satisfying activities.

Faur 16 mm. black and white sound films on education far childbirth are available far \$385 from Medical Arts Praductions, 116 Natoma Street, San Francisco, far use in prenatal clinics, evening schools, visiting nurse associations, college marriage courses, mental health groups and women's hygiene classes. Nat advacating any particular "method" and best shawn in sequence, the films are useful far infarming adults about pregnancy and childbirth.

Prenatal Care (price \$125, rental \$12.50) presents the story of three women to show the need for medical examination and care, proper diet, exercise and clothing. Students of Washington University in St. Louis were enthusiastic about the film's sane, calm approach, realism and scientific validity, straightforward character, humor, continuity and emphasis on the importance of staying healthy. They recommended its use in classes and clinics for expectant mothers, in coeducational senior high school and college marriage classes, in adult groups including parents, and as a culmination to sex education courses. They wished, however, it had stressed more the role of the father.

Through a mother's experience, Labor and Childbirth (price \$110, rental \$12.50) covers the beginning of labor, the right time to go to the hospital, what to expect there, and the arrival of the baby in the delivery room. Diagrams reveal the progress of birth which, the film reminds us, is easier if the patient is relaxed and confident. Approving its frank, realistic approach, diagrams, chronological sequence and stress on confidence in the doctor, the students thought it would help to eliminate fear and acquaint women with hospital routine. They recommended it for expectant mothers, college health classes, marriage preparation groups, biology classes and student nurses.

Postnatal Care (price \$95, rental \$10) shows a mother in her hospital room, exercising, nursing her baby and caring for it in various ways. In stressing the father's role, the film portrays some of the joy the family shares in its new relationships. Diagrams reveal how the mother's body returns to normal. The students found this suitable for sex education, home economics, biology and college and high school health classes, as well as for parents, expectant mothers and students of marriage relations.

A Normal Birth (price \$85, rental \$15) is a photographic record of an actual delivery.

Effective Home-School Relations, by James L. Hymes, Jr. (New York, Prentice-Hall, 1953. 264p. \$4.65) explains how parents and teachers can work together. The reviewer, Dr. Ralph G. Eckert, is head of the family development department of the University of Connecticut's school of home economics.

Writing in the same highly readable style that has made his numerous books and pamphlets a delight to both professional educators and parents, Dr. Hymes fills his latest book with concrete and practical suggestions for improving the relationship between parents and teachers in America's schools.

To the person concerned with integrating in the school curriculum more—and more vital—family life education, including sex education, this book should be a genuine help... for this program can come only as parents and teachers develop confidence in each other and together plan and carry it through. Effective home-school relations, as delineated in this work, make this program, or any other educational advance, a more tangible probability.

There are helpful references throughout, and a comprehensive list of books, pamphlets, films and plays by age levels. An extensive checklist of possible means of communication between parents and teachers enables them to evaluate their own home-school relations.

Kinsey's Myth of Female Sexuality, the Medical Facts, by Edmund Bergler, M.D., and William S. Kroger, M.D. (New York, Grune and Stratton, 1954. 200p. \$3.75) is a polemic on Sexual Behavior in the Human Female. Our reviewer is O. Spurgeon English, M.D., of Temple University Hospital, Philadelphia.

Discourteously titled and written in a presumptuous and critical manner, this book attempts to prove that Dr. Alfred C. Kinsey's study, "Sexual Behavior in the Human Female," is a disservice to humanity. It fails abysmally.

In their preface the authors—one a psychoanalyst, the other a gynecologist—state: "The psychiatric and medical-gynecological misconceptions of female sexuality which it contains are so extensive and so fundamental that prompt correction seems advisable." Certainly this is an imposing indictment, but it becomes ludicrous when the principal "corrections" are based, not on scientific grounds, but on the fact that Dr. Kinsey did not study medicine nor psychoanalysis and therefore, imply the authors, has no right to make studies and draw conclusions about sex behavior.

A scathing denunciation of Dr. Kinsey runs through every chapter to such a degree that the reader must wonder about the objectivity and fairness of the author's statements even if reason exists to hold reservation about the finality and truth of some of the facts presented by Kinsey.

The authors complain, on the one hand, that Kinsey did not take into account the importance of the unconscious. They presume that the answers given to him were not the full truth since the objectivity of a person interviewed was either colored or destroyed by his unconscious. However, the authors claim that the statistics reported by Kinsey will affect the thinking and behavior of large numbers of people. If the unconscious was so strong as to distort Kinsey's statistics, why is it not equally strong in preventing these statistics from affecting others?

In this reviewer's opinion the book has no usefulness whatever as a sober evaluation of Dr. Kinsey's work. It may be an interesting document to one who wishes to see how two men with scientific training display such a hasty, passionate, subjective denunciation of a scientific work where the subject of sex is involved.

One can only conclude that once again history seems to be repeating itself in that the authors, like so many others before them, apparently become very disturbed when anyone has something to say on the old, old subject of sex.

Successful Management of Matrimonial Cases, by Howard Hilton Spellman (New York, Prentice-Hall, 1954. 306p. \$5.65) should help to resolve some of the doubts of the practicing lawyer. The reviewer is J. Allan Crockett, Utah Supreme Court justice.

"The tools and implements of his trade or craft," a legal phrase, is apt in describing this volume on the successful management of cases involving domestic strife. Well written, the book reflects a thorough knowledge of the law, intelligent insight into human factors, plus long experience in handling cases. Its principal value will be for the practicing lawyer who includes divorce and separation in his practice . . . especially so if he is social-minded enough to be concerned beyond superficial legal procedures.

Of secondary importance are the author's observations on personality defects, emotional disturbances and maladjustments in disrupted family situations, and his suggestions about ways of reconciling and rehabilitating families.

It has been suggested that those who write the blurbs on jackets should also write the books. This observation would find some justification here. Insofar as the book treats of social problems the jacket writer somewhat overstates the case in his claim that it "furnishes a comprehensive, practical guide for solving the complex, legal, social and emotional problems inherent in matrimonial dislocations." Actually the author makes no pretense of analyzing family problems from the point of view of the sociologist or psychiatrist. His treatment is primarily and almost entirely a lawyer's, one who is competent and experienced and therefore makes an intelligent lay analysis of some of the

basic defects underlying disrupted family life, and some wise suggestions about the cure.

For those concerned with the sociological aspects of family life the book will not add much to the store of their knowledge, but it will provide an interesting insight into these matters from the perspective of the practicing lawyer.

Selected Studies in Marriage and the Family, edited by Robert F. Winch and Robert McGinnis (New York, Holt, 1953. 578p. \$4.00) aims to present a coherent, organized set of readings. Dr. Gladys H. Groves, director of the Marriage and Family Council of Chapel Hill, reviews the book.

Using excerpts, condensations and adaptations by some fifty authors of key materials published for the most part within the last few years, editors Winch and McGinnis present a wide view of what is going on in clinical and research fields having to do with personal growth and interrelationships centered on sex, love, parenthood and other aspects of marriage and family life.

The authors spotlight strategic points at which recent studies are overturning older notions, and clarify important directions of fruitful research and interpretation. The interplay among cultural background, physiological factors and psychological implications in developing sex attitudes and behavior appears in sufficient detail to shed new light on many practical questions of social control.

The Last Word



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About our cover . . .

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Harriett Scantland, Editor Elizabeth McQuaid, Assistant Editor

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An Editorial

The editors of the Journal of Social Hygiene took a good deal of pride a year or two ago in publishing an article called "The Problem of Homosexuality." It was a good piece because it was authoritative and well-written; *Newsweek* referred to it recently as "wise and enlightening," and pointed out that ASHA had made reprints available.

Now we have another article of similar stature, Bertram M. Beck's "Juvenile Delinquency... Why and How." We urge you to read it and let us have your comments. It is well worth more than a hasty glance, for Mr. Beck has made an effort to understand the hostility that lies behind delinquent behavior, to pinpoint social hygiene's responsibility for specific preventive programs, and to state provocative ideas clearly.

He points particularly to the effect of war, or threat of war, on young people and to the difficulty of imbuing them "with the necessary sense of being partners in an inspired cause." For such cosmic woes, ASHA has no sure cure. But we do prescribe that more people pay more attention to the positive values of military training and help young people prepare for it, and thus prevent some of the uncertainties and tensions that frequently lead to delinquency.

Military service in their late teens or early twenties is now almost inevitable for most young men in our country. ASHA holds that the better their elders prepare them, before induction, for their military experience, the more valuable they are likely to be to their country and the more they themselves are likely to profit from their months in uniform.

We realize preinduction orientation is no specific for juvenile delinquency, but we believe it offers one more rational approach to our common goal of bringing up good Americans.

Juvenile Delinquency - - - Why and How

by Bertram M. Beck

A Social Hygiene Day address before the Cincinnati Social Hygiene Society

It is quite fitting that on Social Hygiene Day we meet to discuss juvenile delinquency, for it was concern with sexual delinquency which launched the social hygiene movement and absorbed much of its time and energy during the early years. As the movement matured, its focus was altered to strengthen family life and so prevent the development of the pathology which originally excited its attentions.

In a similar sense, I am convinced, the current public interest in juvenile delinquency can, if given proper leadership, be used not only to improve measures for the treatment of delinquents and children and their eventual rehabilitation, but also to gain public interest in and support for the environment in which children are reared. This concern will result in an improved environment, not so conducive to delinquency.

Of all the social hygiene societies, Cincinnati has long been considered one of the leaders. It is a leader to me for a very particular reason . . . although it has broadened its program and scope, it has not forsaken those pathetic individuals who are carriers of the disease the Society wishes to prevent.

As I travel across the country I become somewhat concerned by the interest in preventing delinquency to the exclusion of treating delinquent youngsters. Do not mistake me—I am all in favor of prevention. Who isn't? But I don't think we can develop sensible programs of prevention without that knowledge of the disease we seek to prevent which can be gained only from attention to the diseased.

Focusing on the delinquent

There are very good reasons why we shun the delinquent youngster. In the first place, it is much easier to do good things for those youngsters who come close to representing the rosy conception most adults have of childhood. It is harder to exert ourselves on behalf of the delinquent who meets our efforts with

disdain and provokes us to anger. Aggression begets aggression. To act otherwise requires a largeness of character most of us lack. Moreover, with most of us harboring a secret or not-so-secret desire to kick over the traces, it is difficult for us to view with detachment the other person's delinquency. We have a need to control and punish him, lest our own delinquent tendencies get out of hand. Infatuation with the idea of prevention, coupled with the chronic and persistent public drive to punish the delinquent, is therefore not without reasons deeply rooted in human nature.

Such attitudes, however, defeat us on two scores. First, they prevent us from rehabilitating the delinquent, since the delinquent expects and provokes punishment. It is his way of establishing an equilibrium with the world in which he lives. When we meet his expectations we only reinforce his concept of the world as essentially hostile and retaliatory. Only by doing the unexpected can we reach the goals of rehabilitation. Second, our attitudes toward delinquency remove us from a real examination of the problem, so that much time and energy is consumed in doing various things useful for sundry purposes, but of little or no value when applied to the behavior they are supposed to prevent.

We have, for example, numerous character-building, group work and recreational activities that do wonders for the average child, and in some instances can be very helpful for the neurotic child, but in which no true delinquent would be caught dead. These activities are often organized and programmed so that they are obnoxious to delinquents. This does not mean we should throw them out the window or even necessarily adapt their program. They are vitally needed. It does mean, however, that we should not advance them as preventers of delinquency when there is ample evidence to indicate that the bulk of delinquents never comes within shouting distance of them.



It's easy to do things for the "nice" lad.



Where he wouldn't be caught dead.

In a similar sense the case work counseling and child guidance programs typical of our community facilities are not geared for service to most delinquents and their families. They are of great value to those whose problems in the main have been locked up within themselves, to those who recognize a need for help, to those ready to ask for help and to participate in the helping process. None of these characteristics can properly be attributed to most delinquents and their families. It is little wonder, therefore, that the child guidance movement as a whole and kindred programs have placed increasing emphasis on helping the neurotic child and his family and are not of substantial service with the "acting-out" type of disorder.

In view of the fact that the programs and services advocated as preventing delinquency have little perceptible relationship to the disease they are trying to prevent, it is no surprise that despite the expansion of services for children, we have had this increasing growth of delinquent behavior. Between 1948 and 1952 there was an increase of 29%. The figures for 1953 will, I know, show a continued upward trend that may hit an all-time high. Cincinnati has not been spared its share of this national problem. Delinquent youngsters are tending to commit more serious crimes, and in 1953 the FBI reports that 16-year-olds committed more of what the FBI terms major crimes than did any other single age-group.

The essence of true delinquency is the major and chronic failure to conform-to what is generally recognized as the social expectations of society. Our concern springs from our recognition that the successful practice of democracy demands a personal self-government in individuals. When large numbers of youngsters give ready vent to anti-social expression they spell trouble not only for themselves as individuals, but for our democratic system.

The reasons

To combat this social evil successfully we must understand why the delinquent does not conform. He fails to conform because family, school, church and other social institutions are too weak in focus and direction to repress open expression of hostility. Or they are too weak to promote, in any sizable number, those integrated personalities whose hostility would be directed—not blindly—but against the real evils of society.

This dual failure is evident in delinquency among youngsters living in the shameful slums of our cities—youngsters who constitute the hard core of our problem. There is only a slim chance for the slum child to achieve emotional maturity during the crucial early years of his family life. In our slums are families beset by chronic illness, destitution, alcoholism and kindred ills. The inadequacy of their living quarters alone gives birth to a thousand daily frustrations and aggravations reflected on family life. When they rear children without character malformation they do so because of great personal strengths and deserve great social credit. Their job is made most difficult by social lacks for which we are responsible.

When the obvious occurs and the seeds of character malformation are sown, middle-class social institutions have little chance of repressing hostility and driving it inward, for in large measure they are not there. With rare and wonderful exceptions, the schools are manned by teachers who await transfer to a "better neighborhood." As I have already noted, agencies serving groups and individuals are most often programmed, structured and staffed in such a way as to heighten the exile of the delinquent and his family. PTA's, civic and fraternal groups do not, a recent study conclusively demonstrates, reach the parents of delinquents any more than the usual recreational programs reach the delinquent. The well-known fact that delinquents and their families are typically derelict in their religious duties is often seized upon as the cause of anti-social behavior. Yet I am convinced that this alienation from God is but one facet of their total alienation from the institutions which make up the community.

Slum delinquents do conform to the code of their peers and often of their neighborhood. They do not conform to the demands of the larger society, for they have been exiled from it. Many have been exiled from birth because of color. Because of national origin others are not yet assimilated in the meltingpot. All are apart because of their lack of money in a society which values money above all.

If we want them to conform, they must have a sense of living and meaningful membership in a community . . . and daily we become less able to give them this sense of belonging because the larger society is disintegrating. The new facet of delinquency is its spread into suburbia and the small town. We have long known that character malformation occurs among the rich, the well-off, as well as the poor. Why do the social institutions of suburbia no longer conspire to repress aggression and thereby prevent delinquent behavior?



Induction—a threat to some?

Today's world

We have one substantial clue. The graph of delinquency shows an undeniable correlation between war or threat of war and the incidence of delinquency. How does the national and international situation have an effect on children growing up?

First, we have atomic warfare. Since the invention of the wheel all generations have feared some new threat to survival. Pollyannas are fond of pointing that out. They are not equally fond, however, of pointing out that we have the dubious distinction of being the first generation which can realistically say we are living under the threat of total annihilation. This threat has its effect in uncertainties and anxieties of parents and consequently of children.

Second, we are living in years of open warfare, although at the moment in an uneasy truce. War is the ultimate in the expression of aggression: annihilation. Our whole economy and social life is geared to war and threat of war. Obviously, it is difficult to instill in young people inner controls on aggressive behavior in a world marked by aggression. The slum child's environment, full of hostility, stimulates him to delinquency; he does that which he sees about him. Today, this is true not only of children living in slums but of children everywhere who cannot fail to perceive the high component of hostility in our everyday life.

Third, we have the draft into military service . . . not only the actual period of military service, but the threat of involvement in warfare. This makes it impossible for youngsters—both boys and girls—to plan realistically for peaceful, productive lives. It encourages a devil-may-care attitude and heightens antisocial feelings. Our own conflicts and confusions about national and international policy are such that it is difficult to imbue our young people with the necessary sense of being partners in an inspired cause.

Fourth, heightened economic opportunities have brought about a great mobility among families. We know that when people move, when they are unknown, when they have limited roots in the community, they lose one of the greatest controls on social behavior—their concern about the attitude of the neighbors they have known and will continue to know. We ask of those mobile children facility in adjusting to new schools and new communities at a time when any kind of adjustment is hard.

Fifth, increased mobility—plus the draft—has accelerated childhood behavior so that young people experiment with the trappings of adulthood at a much earlier age than they did 15 years ago. Psychologically and physically they are not prepared to cope with the kind of experiences they are subjected to. Parents are hard-pressed to deal with this phenomenon since on all hands they hear "If Joan's mother allows her to stay out until 2 o'clock in the morning, why can't I?"

Lastly, we pay the price for our desire for the constant material improvement that has made us such a strong and mighty nation. If money can be had for the working—and money means greater material gains—then the standard of what is adequate for our home and family is pushed upward. In the race to keep up with our neighbors we sometimes, unfortunately, lose sight of the whole purpose of the home . . . which is not solely to provide material comforts to those who live under its roof, but mainly to provide loving care, affection and guidance.

What social hygiene can do

We want delinquent children to adjust to the world. But do we have a world to which they or we should adjust? Delinquents are primitive, destructive rebels, and—to borrow a phrase—"rebels without a cause." Delinquents serve a purpose in our community, for they show us its lacks and limitations. Plainly if we want delinquents to adjust we must provide the kind of world and the kind of community to which people should adjust.

The social hygiene movement has a great contribution to make in this cause, and in the remainder of this discussion I would like to stress the unique contribution of the social hygiene movement rather than the total community program for the prevention and treatment of delinquency, which I might want to discuss with you on another occasion.

Because it has been demonstrated that the seeds of character formation or malformation are sown during the early years of a child's life, parent education and family life education are of particular importance. All we can do to aid parents in the child-rearing process is a reasonable specific for the prevention of delinquency. The program that has been carried out in Cincinnati is outstanding.

Insofar as parents' discussion groups are concerned, we need to pay particular attention to the organization of these groups at the point where they will do the most good. We should give priority to organizing groups of expectant parents through well-baby clinics, child health stations, obstetricians and pediatricians. Trained discussion-leaders informed in the discipline of child-rearing are a must. We do not want parent education that places its sole emphasis on dissemination of leaflets or lecturing at parents. This kind of intellectual approach can do more harm than good. We seek through parent-discussion groups to change parents' attitudes so that they can and will do what comes naturally. That which comes naturally for the right kind of parents will be that which we know is best for children.

Some of the programs designated as parent-education in the past have, in fact, confused parents by making them guilty and anxious in relation to their children. They are so fearful they may be doing the "wrong thing" that they lose some of the joy of parenthood. Their children are confused as half-baked ideas gain new currency and are put into effect by parents intent on following the book and being good parents.

Dr. David Levy, a first-rate authority on child-rearing, has said, "The worst thing you can do is hit a child when you are not angry." Yet there are many parents who put a premium on exactly that. Dr. Levy was protesting the overintellectualized, inhuman approach that advised parents to inflict pain on their children in a cold, dispassionate manner. Children can be annoying and all parents are capable of being annoyed. It is far better to let off steam with a good whack than to bottle it up and administer punishment in some misguided didactic efforts parent-education has advanced.

It's a pleasure

The criterion is not whether a parent hits or not, but rather how he feels about his children. The goal of our efforts is to help parents be understanding and enjoy their parenthood, and not to assimilate a book of rules.

This point is particuarly important in sex education. Here again where the parents' education effort has been directed primarily to the mind rather than the heart, parents have been made over-anxious on this topic. They feel pressed to tell all so that when little Johnny wants to know where the egg at the breakfast table came from, he gets a full-dress lecture on all aspects of reproduction among the species. Parents who have been damaged by too much education and not enough real help on this point have unwittingly felt impelled to abandon

all semblance of modesty or natural reticence, so that children have been over-stimulated and prompted to experimentation that might lead to official delinquency.

The aim of our efforts insofar as sex education is concerned is to help parents and others who come in contact with youth to be able to handle the subject of sex in an accurate, graceful and easy manner. Nevertheless, we cannot ignore the fact that because of our cultural attitudes towards sexual behavior there are people who are not capable of achieving this goal. In such instances we do a disservice if we lead them to believe that society demands they tackle this problem even if they do it in a manner guilt-ridden, inappropriate and more damaging than helpful.

While we recognize that efforts to aid parents in child-rearing are of great importance in preventing delinquency, we must beware of leading the public to believe that parent-child relations are the seat of all that is good and all that is bad. This misplaced emphasis of ours has led to the current wave of punishing parents as a means of abolishing delinquency. Children are victimized by many factors—including racial prejudice, slum culture, illness and poverty—over which parents have little immediate control. The parents of a child who because of the pigmentation of his skin is made a member of an outcast group are hard-pressed to surmount this difficulty.

We are guilty of a vicious over-simplification if we think such problems can be solved by parent education and the like. They are social problems and warrant social action. Therefore many steps warranted as part of a program to prevent juvenile delinquency—slum clearance, abolition of racial discrimination, economic assistance, strengthening of religious programs—cannot be properly designated as the sole responsibility of the social hygiene movement. Instead, a social hygiene society shares in a responsibility that should be exer-



The easy, graceful, timely approach.

cised through a coordinating group, made up of all interested groups and agencies, that spearhcads the community's attack on delinquency.

The concerted attack of which I speak must involve not only the social agencies but the civic, labor and fraternal groups, all of which have an interest in this problem. In Cincinnati, for instance, it must start with a blueprint of what the city needs for a complete program for prevention and treatment and a realistic analysis of what Cincinnati has. The Cincinnati Report, an analysis of various services in the city, furnishes this data. The effort requires leadership that can give to each unit a task appropriate to the skill and sophistication of that unit. The League of Women Voters may properly concern itself with drafting and sponsoring legislation. A more informal type of women's club might take so simple a task as furnishing a day-room for children in the institution for so-called pre-delinquents. Service agencies might get together to look at their failures rather than their successes and to see why it is that certain families are shunted from pillar to post or fall between the network of services, and to see what adaptations of service are necessary to reach those not now reached.

The girl delinquent

The social hygiene movement does, of course, have a primary and specific concern with certain aspects of service to delinquents themselves. The Cincinnati Social Hygiene Society has been fulfilling this obligation through its juvenile court counseling and through its sponsorship program in which a woman sponsor tries to rehabilitate a particular girl delinquent by showing a personal interest in her.

We who are concerned with social hygienc must be particularly concerned with girls who come before the juvenile court, because most of these girls come because of sexual activity, often occurring while they are runaways from home. The girl delinquent is a particularly perplexing problem because she is sicker than her masculine colleague. Aggressive behavior in girls is tolerated by the community to a greater extent than it is in boys and so only the most aggravated instances reach the court. Yet even mild forms of acting-out behavior in girls are a more serious symptom than they are in boys because the culture, after all, looks to any red-blooded American boy to get in some kind of difficulty or other, but expects a more genteel behavior from girls. Thus we have double trouble, since delinquency in girls is a more serious departure from the cultural norms and yet does not come to our attention until it is particularly gross.

The picture is further complicated by the fact that some girls coming within the province of the juvenile court come to our attention because they are unmarried and pregnant. They know full well that if they had been born on the right side of the tracks their situation might have been handled without the



The sponsor's personal interest.

necessity of their appearing in court. By this I mean, of course, that where there are concerned parents and ample financial resources, delivery and aftercare can be arranged without recourse to a public agency. This obvious injustice rankles and complicates their treatment.

Anyone interested in this complex problem of helping the girl whose delinquency is related to sexual behavior, may wish to study the protective service established in the Baltimore Department of Welfare. Here special skills and techniques have been developed which have proved most effective not only in dealing with the delinquent girl but also in dealing with the difficult problem of the adult prostitute.

Cincinnati is indeed fortunate in having a first-rate juvenile court to which Judge Hoffman has given leadership for so many years. It is equally fortunate in having a youth division in the police department interested in developing appropriate techniques for handling wayward youth who come to police attention. Neither police nor court, however, can be much better than the resources in the community.

Any social hygiene society interested in serving delinquents must know the extent to which constituted agencies and programs are equipped to serve the delinquent and his family. We must study experiments like the assertive case work service in New York City, where the criterion for offering service is not that the family wants it but that they do not want it. The community's concern rather than the client's concern, is the impetus. Here we find a revitalization of case work where the case worker, no longer chair-borne, with great persistence seeks out the client and begins the relationship at the point of the client's concern even though it may not be within himself.

We must also study the detached worker program, which enables a person selected for his rapport with delinquent gangs to go and seek out these groups

on street corners, and by developing a good relationship with them helps them divert their activities along constructive lines.

We should differentiate carefully between the kinds of people needed for different kinds of work in the community. A staff of probation officers for the juvenile court who are fully trained in social work is a must if they are to do their difficult job of diagnosing, controlling and treating. It is high time we had at the University of Cincinnati a school of social work to serve the need for trained social workers in the southern part of Ohio. In order not to waste our efforts we will require adequate facilities for appraising, psychologically and socially, children who get into trouble. Some such services are now available through existing agencies; more will become available at the Youth Center.

It is important, however, that these appraisal services be carried out by people who do not approach behavior problems with psychological insights alone. The resulting evaluations are not overly helpful. We need people who understand the difference between the neurotic delinquent who requires therapy along classic case work lines toward self-understanding and the social delinquent whose behavior is primarily caused by social factors and who can best profit from a worth-while personal relationship. We need people who can recognize the accidental delinquent whose delinquency is actually normal behavior for his age and who requires no particular kind of service.

State institutions

The social hygiene society should also give attention to state institutions. Ohio's institution for girls has recently had more than its share of attention, and although there are undoubtedly political implications in the exposé of alleged conditions at that institution, no one connected with it denies that it stands in need of radical improvement. The institution for boys, grossly overcrowded, is called upon to serve a conglomerate mass of youngsters whose needs cannot be met in their home communities. I doubt if we can make substantial progress in improving these institutions until we develop basic child welfare services in every county of Ohio. Then children who can be served locally will be so served, and the state institutions will be reserved for a particular group of delinquents. We need to rally behind the State Department of Welfare and support its efforts to develop these local resources.

Of particular importance is the development of a partnership between professional workers and lay people. It becomes increasingly clear that there are many delinquents who can profit from a relationship with an untrained person and who cannot receive substantial help from the professional technician. It is for this reason that I believe the sponsorship program of the Cincinnati Social Hygiene Society to be such an important addition to its broad educational and counseling program.



Trained in social work administration, he was a case worker, parole interne, police reporter, and Community Service Society executive. He is now director of the Special Juvenile Delinquency Project, Washington, D. C.

Bertram M. Beck

I have already observed that delinquents are difficult to serve. Those who undertake to work with delinquent girls know full well the frustrations inherent in their efforts. Women who serve in this program are a great credit to their community, for in actually serving a delinquent child they are coming to grips with America's number one problem. By this I do not mean that the number one problem is delinquency, but that delinquency is a microcosm of a much larger problem . . . how shall we deal with hostility directed toward us? The essential problem is, I am convinced, the same regardless of the source of hostility. If our only response, therefore, is to meet hostility with hostility, then we are indeed in serious difficulty.

When the Society's sponsors actually work with delinquent youngsters they are giving the most convincing kind of testimony to the fact that we can surmount our own hostile impulses and approach those who aggress against us with an effort to find why they aggress and to act in the light of our understanding. Such a program strikes at the very root of the delinquent's exile and tends to incorporate him into the larger community.

Action with good will

It does even more than that, however, for it sets an example to other persons in the community. By giving to the delinquent—giving in a sense of supporting and caring for him—it enables him to give to others. By such efforts as this, I am convinced, the world will be changed . . . not by the hollow, casy, cure-all ideas that capture the headlines of a day but leave emptiness behind. Such concern manifest by sponsorship, service and community action can lick this problem of delinquency . . . despite the fact that acts of concern often go unnoticed and unsung. Taken together they are like a tiny stream, falling on a rock deep in the forest, which wears away the hardest of stone.



Sex education in Washington

by Ray H. Everett

Is sex education gaining in Washington?

That question is asked so frequently by reporters and out-of-town educators that it seems a timely one to tackle. The answer is a resounding "yea" . . . but with certain qualifications.

Far more parents than ever before are informed and working on the job. But too many children still must rely on sensational movies, newspaper stories of rape, abortion and sex crimes (all of which they read avidly), or on misinformation received from older companions. These are the youngsters whose parents are either unable or unwilling to attempt guidance, or who are fatuous enough to believe their children, in some miraculous manner, will never be exposed to situations met by virtually all children.

In this, my fifteenth year as social hygicne chairman of the D. C. Congress of Parents and Teachers, I believe the home is doing better every year, the church is stepping up its efforts, but the school—the only institution attended by almost 100% of our children—still fails to assume its full share of the task.

Schools need definite sex education policy

At birth a baby's mind is like a clean slate on which everything he sees, hears and feels will be deeply engraved. What is engraved will largely determine the traits, character and habits of a lifetime. And what gets written on that slate in those first few formative years is mainly up to his parents. Hence, sex education should begin in the home and should become an integral, continuing part of the character-huilding process.

Later the school becomes a second center for teaching and guidance, and thousands of Washington parents would welcome more help from the schools in dealing with sex education problems. The 26,000 members of the D. C. Congress of Parents and Teachers have formally invited this help on many past occasions. To date, however, the boards of education have not acceded to their requests. Numerous well-trained teachers admit they should and could be doing much more than they now are to help children meet their emergent problems in this field. But as the principal of one of our largest high schools commented, "We can't go ahead until Franklin School, where the school administrative offices are, gives us the green light!"

Sometimes it seems as if our board of education doubts that the institutions of sex and the family arc here to stay.

As a parent and health officer sees it

The late Dr. Thurman B. Rice, who edited the monthly bulletin of the Indiana State Board of Health, long was an advocate of honest sex education and wrote several useful pamphlets for the American Medical Association. Decrying the hush-hush attitude of many parents, he urged sound sex instruction in the home. It is as necessary and wholesome as good food, he said, adding that the child whose hunger for understanding is satisfied at home will not be running all over the neighborhood sceking information from every possible source, good or bad.

In one issue of his magazine, Dr. Rice declared, "In times past we have sought to maintain in the mind of the child the vacuum concerning sex matters with which he was born. We have carefully protected him from all knowledge of the subject. We have sent him to grandmother's when his brother's and sisters were born; we have told him silly tales about storks, doctors' satchels and bundles found at the foot of the rainbow. Since he can learn nothing at home, he sets out to learn away from home. It doesn't take him long to learn from other sources, but what he learns is often as dangerous as is the food prepared by a typhoid carrier.



One-time editar at this Jaurnal, and since then a witty and wise adviser. Recently retired as the D. C. Sacial Hygiene Society's executive secretary. Marriage caunselar, writer and gavernment girl's autspaken champian.

Ray H. Everett

"It is impossible to maintain a vacuum concerning this subject. Something always rushes in to fill it. What rushes in? Usually it is the veriest sort of trash, a mixture of undigested truth, half-truth and utter falschood; it is distorted and overemphasized, but it sticks in the mind like so much tar. Then before the real, the genuine, the healing truth can get in, it is necessary to dig out all this disgusting muck to make room for what should have been given in the first place."

That fighting term "sex education"

Various curricular units in the District's public schools furnish opportunities in education for marriage and family life. Elementary and advanced science, home economics, sociology, and health and physical education are four subjects that give the teacher a chance to present much—but far from enough—direct instruction and guidance. This effort is not and should not be thought of merely as "sex education" in the narrow sense, but rather as human relations education which includes dealing with many situations that influence and develop sound sex thinking and attitudes.

No responsible modern educator would propose, promote or support an isolated course labeled "sex education." Just as sex is an integral part of the wholeness of life, so sex education should be an integral part of the whole educational process. In fact, since the expression "sex education" seems to have become a fighting term, it would be fine if we could drop it from our vocabularies. Then, perhaps its component parts would receive more attention

in the courses where they fit in—human reproduction in biology, the social aspects in sociology, family and household economics in home economics, the pubertal changes and the few needed facts about venereal disease in health and physical education.

Probably the weakest argument against extending sound education on sex is that it would lead to undesirable experimentation. This conjecture is as great a reductio ad absurdum as would be the argument that sound moral teaching leads to immorality. Certainly current and past laissez-faire attitudes toward educating about sex have done nothing to *lessen* experimentation. Anyone can find proof of this if he takes the trouble to examine official records of venereal disease and illegitimacy among teen-agers.

Those good old unicellular days

"Family life education" is a far more comprehensive term than "sex education." The two, in our view, are not properly synonymous. Sex education is, or should be, a vital component of family life education. Too often, however, the latter term is used as a rationalization by those who have acquired and continue to harbor a fear of the word sex.

This matter of terminology would be relatively unimportant if the sex-fearful did not apply their biases, apprehensions and dislikes in actual practice. Unfortunately, they do so apply them in numerous instances, especially in school curricula and administration. Hence, a host of school authorities are paying lip service to family life education while expurgating its major basic factor—sex.

Many school boards and administrators, including those of the District of Columbia, point with pride to the family-life units in their teaching material. They applaud and endorse the family as "the basic social unit," but seem to look down their noses at sex as sort of an unfortunate but necessary concomitant that is tolerated but not approved. Yet we can't have one institution without the other . . . we can't have families without sex. Unless, perhaps, the pedagogical solons find a way to reverse biological processes and enact some such thesis as

Backward, turn backward, O Time, in thy flight; Make us amocbae again for tonight!



Psychological aspects of adolescence

by William J. Pitt

Today's widespread notion that adolescence is unique because of its stress and strain on the individual is subject to challenge.

In common with infancy, adulthood and old age, adolescence presents certain phenomena that are more characteristic of it than they are of other stages of life. But each phase of life has problems peculiar to it—

- infancy and childhood, when the individual is confronted with the need to accomplish maximum learning
- adulthood, when he faces most important family responsibilities imposing major interpersonal adjustments
- old age, when the major decline occurs in his capacitics.

Who knows which, if any, of these problems impose more or less strain on a person? We have not proved that adolescence—with its admittedly major requirements for change—is a time of unmatched psychological stress. strain and tension. We do know all periods of life have tensions, their effect varying with the individual and his environment.

The adoleseent meets the pressures of growing up according to his individual makeup. His ability to handle stress depends on his individual toleranee—unique to himself. To some young people teen-time is the "greatest," to others the "worst." For most youngsters the total effect of adolescence as a tension-problem period probably follows the eurve of normal distribution, indicating that for many young people adolescence consists on the whole of average experiences. There is a little bit of both serious difficulty and great happiness, but by and large the teen-ager can find ordinary solutions for his problems.

That many a teen-ager has elaborate ideas about the difficulties he is supposed to be facing stems in some measure from adult ideas. Either his own parents or relatives or his friends' parents intensify his difficulties in adjusting. While parents tend to consider their teen-ager as a child, college faculties and employers think of him as an adult, and his friends take him as he is—part child, part adult. The need to identify himself with these three different roles, frequently conflicting as to time and place requirements, jeopardizes the serenity he needs in solving his problems.

The pace of modern living and adolescent activity adds to his confusion and tendency to emotionalize personal differences. Maladjustment may become a fad or fashion. Unfortunately, educators and social workers sometimes overestimate this emotional response as a necessary characteristic of adolescence.

It is no wonder so many young people try to live up to the conception of others—that being emotionally pressed is a perquisite of the teens. It is a stimulating, exciting and ego-satisfying role, particularly effective with older persons... but not so with other teen-agers. Surveys of traits that teen-agers like in their friends indicate they do not give high rank to "possession of problems" or evidence of emotionality. Instead, "getting along with others," "loyalty" and "fairness" are prestige factors among adolescents as well as adults and employers.

How they adjust

These traits, important to workers' success in industry, indicate that young people learn from family, school and play what psychologists discover in studying effective personality. Interpersonal relationships thrive on give-and-take, and on the ability to adjust to varied and changing social situations.

Teen-agers may, have many desirable as well as undesirable ways, fixations from their childhood, of adjusting to group situations. The adolescent gang leader was perhaps the unchecked bully of the kindergarten. The seelusive wallflower of the community center dances may have been the object of paternal domination or oversolicitousness when she was younger.



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with Dr. Jocob A. Goldberg of "Psychology."

William J. Pitt

A teen-ager's revolt—erupting in fads and sometimes anti-social behavior—may be part of his attempt to face life the way he finds it. and not as his parents think it is. Parents' ideas carried out by long training in the family eircle may protect a child, but may also insulate him from reality.

I have found that the older teen-ager has a euriously apologetic yet accurate estimate of his parents' loving attempts to equip him psychologically for today's world. Most young people appreciate their parents' "doing this for your own good" or "I'm just trying to help you avoid the mistakes I made." But they also have a relatively keen appreciation of some recent changes in values, expansion of knowledge, and multiplicity of choices confronting them. They appraise their own participation in present-day society quite realistically because they are often more experienced than their parents may be at the level that counts—participation.

Are they grown-ups?

To choose wisely and act well in day-to-day personal interchanges with other young people, employers and other adults are indications of maturity. But who is an adult? When and how does the teen-ager become one? A youth legally comes of age at varying ages—all very confusing. He attains adult status by becoming eligible to—

- vote
- be drafted
- drive an auto
- be prosecuted as an adult and not as a juvenile
- marry
- be served liquor
- leave school
- work full-time, day or night.

Varying opinions of families, legal definitions, state requirements, experts' analyses and individual differences in maturity, education and opportunities—all give rise to more doubt about when a teen-ager becomes an adult.

Added to the confusion is the lack of any single ceremony or stigma which says to all and sundry, "Today I am a man." The religious ceremonies of Christian confirmation and Jewish Bar Mitzvah, and the social usage of coming-out or "sweet 16" parties lack the significance of primitive tribal ceremonies that make it clear each person is either a child or an adult.

Further doubts and delay for the adolescent seeking mature status come from our complicated economic system and common education policy. The need for more schooling to cope with the intricate nature of our society increasingly delays economic independence. Some legal restrictions prevent the teen-ager from striking out on his own, regardless of economic or personal maturity.

Some groups may be properly concerned over protecting the weak, but today we tend to protect the individual from making decisions on matters when the only essential is the exercise of his own judgment. For example, educators through I.Q. tests, psychologists and vocational counselors are pressed to make decisions for young people.

• The essence of attaining maturity demands that young people make their own decisions, aided by the expert. Otherwise, we may unduly prolong immaturity . . . as the leisure-time activities, cultural choices, prestige values and adjustment mechanisms of some adults indicate.

This prolongation of immaturity begins in adolescence because most adults fail to appreciate that in some respects a young person over 16 has attained close to his mental maximum according to intelligence tests. We give little, if any, cognizance to his full-blown mental abilities. In fact, our society tends to be distrustful of its youthful brains as evidenced by our concern about the occasional radicalism, horseplay or undependability of college students or leaders under 25 . . . except in time of war.

Child or adult?





Responsible enough in war.

Not only do we use the mental provess of youngsters to only a slight degree, but we disregard some psychological and physiological facts. Our cultural pattern, as Kinsey points out, requires a delay in mating at the time when the sex output is greatest. Consequently, the widespread differences between sex behavior and the requirements of law, ethical standards and religious dogma increase adolescent doubts and tensions.

Investigators have found that young delinquents' immoral and illegal acts arise from their frustration and cynical disregard for the values of adults. Despite popular hopes, delinquency will not be solved by more parks and playgrounds alone. The causes of frustration and cynicism are too deep to be cured by merely using up or deflecting youthful surplus energy through games. Perhaps a parent's economic worries make his children feel that the end justifies the means. Youth's values reflect the overwhelming approval many adults give success at any cost.

They're sound

The hiatus between what parents do and what they say may well undermine their preaching to their children. Ethical values lose their effectiveness without good example. Then the quick chance, the easy dollar and the "what's in it for me?" attitude become attractive to youngsters. They accept these attitudes when they observe that high ethical standards may rate an adult's verbal approval or ritualistic respect, but "good" values may not guide his behavior. Expecting young people to "do as I say," not "do as I do," in this enlightened age is too much of a strain on conformity.

Many of the lacks of adolescents—in responsibility, conflicting values and ill-defined roles—could be serious. But we know from experience that youth responds gloriously when the chips are down. Given sufficient motivation, young people unlearn much of our bad example. They can create—and have—

daring patterns of behavior quite contrary to their training, experience and urges. This they have proved, in the Korean war, in selective service and in their realistic appraisal of the clear and present danger to our civilization.

The task for leaders of youth is to state and act in ways that are realistic as well as ethical. There is need for a vigorous attack on the concept that economic well-being is automatic security. We should guide our young people in their search for true security toward attainable and changeable goals that have intrinsic values. Satisfactions and choices that are long lasting must be the ultimate goal.

Those who work with young people tend to emphasize techniques rather than values. Understandably they want to avoid a preaching attitude, particularly since adolescents are inclined to resent it. So they stress "how we do" rather than "why we do."

Many teen-agers tend to confuse speed with progress, movement with accomplishment. Consequently we should consider teaching-techniques in the light of our ultimate goals. As in all activities, it is essential that the guidance of young people in community centers follow sound objectives. Otherwise, the basic values inherent in group work agencies may be lost, and their facilities used for extraneous purposes.

Gaylord S. White well summarizes our major objectives: "The aim is always the building of a better social life through the development of character in individuals and an improvement in the environment in which the individual life is lived. The method of working toward this aim . . . is based upon respect for personality and is satisfied with nothing less than the opening of opportunity to all for the highest development, physically, morally and spiritually, of which each is capable."

CREDITS

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VD rates are down . . . how do we keep them down?

by Lida J. Usilton U.S. Public Health Service

Enthusiasm for the promise of a quick and easy solution to a puzzling health problem is not peculiar to our time. Indeed, these frequent enthusiasms for the magic formula against disease characterize the entire history of man. Ehrlich's 606 quickly became in the public mind the miracle drug that would rid the world of syphilis. Robert W. Felkin, an eminent British scientist who prepared the foreword to the English translation of Ehrlich's *Chemotherapy* in 1911 said, "It is probable that we are justified in expecting from extensive use of salvarsan that the number of cases of syphilis throughout the whole world will be enormously diminished."

Even though the arsenicals kept syphilis rates down among regimented groups like the military, and among civilian groups where VD control programs were well established, their "extensive use," as forecast by Mr. Felkin, was discouraging and unproductive. The 18-month treatment schedules created such an accumulation of patients who were continually lapsing from therapy that the entire time for investigation was spent in holding to treatment the half-million known cases of syphilis. There was no time for stopping the spread of the infection.

Until the introduction of hospitalization, with toxic, massive drip therapy, case-holding continued to be a problem and case-finding was never seriously attempted.

Penicillin, widely used in this country since 1944, has created similar enthusiasms among equally thoughtful and conservative people. A specific not only against syphilis but also gonorrhea, it is non-toxic and easily administered now without case-holding.

To seek and find

But the problem of preventing the spread of infection remains. The infected patient must be found early and brought to the doctor. All our experience with penicillin has only underscored the axiom that neither syphilis nor gonorrhea will ever be kept under control if we treat only those who seek diagnosis and treatment on their own. Three out of every four individuals who receive treatment for early syphilis neglect to do so while they are most infectious, and many of them are brought to treatment only after investigation.

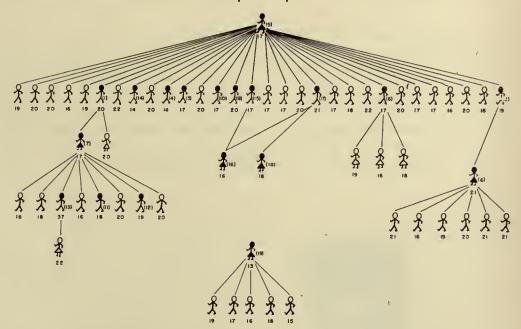
Because over the last ten years we have had penicillin plus an aggressive nationwide program to bring the patient to the doctor, fewer people in the United States have syphilis now than in 1944, and fewer people in the United States

are getting syphilis than in 1944. I would hesitate to make this statement if it had not been tested against all available guidelines.

The guidelines against which we may test our present position were made possible by the states and communities that have reported faithfully for a great many years on their VD control activities. The selectee blood-testing program firmly established a base for these guidelines. Fifteen million men were tested before World War II was over; data from that testing gave us the first reliable indication of the distribution of syphilis by area and relative volume throughout the United States. The results of these blood-tests, each linked to a home address in a community, assured every community in the nation that syphilis was a very present danger . . . not a disease of people just passing through.

These data inspired legislators from every state to make funds available for the control of venereal disease, and permitted state health authorities to set up programs and provide for a system of uniform reports by stage of syphilis that would scree as administrative guides to their activities. These indices

Epidemic of early syphilis among white teen-agers in Kansas City, Kan. January—May, 1953



Early Syphilis Cases

Contacts - Negative Diagnasis

(5) Case Numbers

17 Age of Person

Kansas Cily-Wyandalle County
Health Department

Kansas City, Kansas

- show us now the rate of our progress in the control of syphilis through intensive blood-testing and case-finding.

Perhaps the most widely used index is morbidity—the number of infections reported each year. There has been a steady decline in syphilis morbidity in all states from the peak year, 1947, until 1951 . . . with a slackening in the speed of decline between 1951 and 1953.

This slow-up in the speed of declinc comes at a time when half the 43 states still have not reached control status—when only one new early syphilis case is reported for every 5,000 people. In the east, three states and five large cities still require an aggressive case-finding program to bring syphilis under control. They are New York (including New York City), New Jersey and Delaware, and New York City, Jersey City, Newark, Philadelphia and Pittsburgh.

Other important indices deal with congenital syphilis in infants under a year old and the number of infant deaths from syphilis for every 1,000 live births. Both of these indices show a decline. The decline of the latter is more rapid than the decline of infant death rates from all causes.

VD control efforts have also reduced by more than half all deaths due to syphilis and by more than two-thirds the first admissions to mental institutions since 1943.

They vacillate

Ycs, VD rates are down in our country today. They have been down before—many times and in many places throughout the world—only to rise again. Such experiences make us believe no infectious discase can be controlled by treatment alone. It is improbable that we shall achieve lasting VD control without a continuing case-finding program. There are too many areas in the world where VD is not under control, and present transportation facilities make population exchange from all parts of the globe too easy and too rapid.



No time lags in applying improved techniques.

I have already indicated the speed of decline in the trend lines has slackened in the last two years. This might indicate the beginning of an upturn from another one of the great many troughs which would appear if one attempted to chart trends over the last hundred years.

In considering how we keep VD rates down in the United States we might examine those factors that have brought them down. Essentially the states, communities and federal agencies involved in venereal disease control over the last two decades have shaped their programs around three working principles:

- They have studied the problem and have gone to work where it was.
- They have brought the patient and his contacts to diagnosis and treatment, and let them serve as guides to others needing help.
- They have shortened the lags between testing useful techniques and putting them to work.

As early as 1948, it became apparent that one could no longer refer to highor low-prevalence states. Within so-called low-prevalence states there were high-prevalence groups; within high-prevalence states there were low-prevalence groups.

Furthermore, it became apparent that prevalence had a great deal to do with rapid concentrations of populations. When there were many people living together in a single small area, there was likely to be more venereal disease, particularly if these large groups of people had been brought together in a hurry.

We began to speak in those days of pinpointing the problem. We realized we had to husband carefully even the comparatively liberal state and federal appropriations for venereal disease control of those days so that we could strike VD where we could most effectively prevent the spread of infection. For efficiency we developed a system of making funds and personnel available for short or long periods in the times and places where they were most needed.

To get infected individuals to early diagnosis and treatment we set up a nationwide network of rapid treatment centers. As soon as outpatient treatment demonstrated itself, we closed these and established outpatient prevention and control centers. At each center we assigned a trained interviewer to get from patients the names and addresses of their sex contacts. Trained investigators worked throughout the pinpointed areas. In this way the patient became an indispensable partner in the process of interview and investigation.

Emphasis on function

We placed a high premium on the third working principle—ready application of improved techniques. After constant research on penicillin and penicillin treatment schedules to improve and shorten treatment, we raised the quality of penicillin and prolonged its retention in human tissue. Observing patients over a number of years has contributed greatly to our improved schedules and has kept us constantly assured that patients treated in time with penicillin are not likely to develop disability from syphilis.

As to techniques of public appeal, we have developed and used widely material for radio, television, movies and other communication channels.

I suspect no one today would say it will not be necessary to continue to study the problem and go to work wherever it exists. Indeed, as VD comes more nearly under control, we shall need to study more carefully epidemiologic and activity data so as to put whatever resources are available to work in the most productive areas.

I suspect too that no one today would say it is no longer necessary to seek out and bring to early treatment the infected person and his contacts. One of the prime concerns of state and local health officials seems to be the need for continuing efficient interview-investigation. Even now, too many patients do not name all their contacts nor give adequate information. In some instances, investigations are closed without producing the infected contact.

Finally, should we cease trying to shorten the lags between testing useful techniques and putting them to work? It seems to me the speedy application of improved techniques has resulted in our greatest economies and progress. Now more than at any time it is necessary to apply immediately an improved technique.

States and communities will vary in emphasizing one working principle or another, but they will adjust their program to the prevalence of the disease and to their ability to support their programs while waiting a solution of our federal-state tax problem.

You are all aware of some of the problems involved in keeping venereal disease out of areas which are considered to have reached control status. Preliminary reports from 17 states and the District of Columbia indicate that an average of 12% of all sex contacts named by civilian patients with syphilis and gonorrhea live outside the reporting state. Among the military the percentage is much higher. Nearly half the contacts of military VD patients investigated in these same states were reported from outside the state. Six percent of military contacts were reported from foreign countries.

This information is a threatening reminder that the United States could lose this major health battle, however near we now seem to victory.

Reports of VD epidemics of frightening proportions are accumulating. Of equal concern with sporadic epidemics is the more baffling problem of pre-

venting venereal disease from crossing our international boundaries. Let me mention some of the efforts now being developed to help keep VD rates down.

An international problem

A demonstration is now in progress in Cameron and Hidalgo counties of Texas to determine how we can prevent the importation of VD across our southern border. Mexican health authorities are observing and participating in case-finding activities on the Texas side. Also under study are the five Imperial Valley counties, with their large transient labor population from across the southern California border.

For two centuries our military has taken the lead in finding ways and means to control VD. One of the most helpful activities to prevent the introduction of syphilis into the United States is the screening system established by the military for personnel returning from overseas.

We ask help in encouraging the development of similar screening processes among federal and international agencies, like the Bureau of Immigration and Naturalization, Departments of State and Labor, World Health Organization, Pan American Sanitary Bureau, and Divisions of International Health and Foreign Quarantine. State and territorial health officers undoubtedly will give new impetus to developing early these screening processes, for at a recent meeting they encouraged solving the whole migrant problem.

Many are wondering whether the federal-state partnership has the financial and personnel resources to keep VD rates down and thus prevent disability and premature death. In this connection we should note that the VD control program, operating at the 1953 level, would in a single year save 4,375 persons from public-supported mental institutions for syphilitic insanity. And this single item would save the public \$36,000,000 a year . . . twice as much as the states, communities and federal government spent for VD control in 1953.

Since we know how to keep VD rates down, the question we should ask ourselves now is whether we can afford *not* to keep them down. What would *not* keeping VD rates down mean?

- It would weaken the public's confidence in our ability to maintain our control over VD.
- It would be bad business in terms of money.
- It would imperil long and hard-won gains and be a dangerous concession to premature enthusiasm for short-time gains in a centuries-old struggle.



by Elizabeth B. McQuaid

Into Manhood, by Roy E. Dickerson (New York, Association Press, 1954. 116p. \$2.00), written by the executive secretary of the Cincinnati Social Hygiene Society for preteen and early-teen boys, replaces his earlier and less comprehensive Growing into Manhood. Dr. G. Gage Wetherill, health education director of San Diego's city schools, is the reviewer.

This excellent little book is easy-to-read, brief and to the point. Its theme is growth and development . . . which after all is what is happening to young people.

Here we have an appealing description of what becoming a man really means. Mr. Dickerson champions good morals with good taste and without preaching. Most everyone will like the way he relates God to the progress a boy makes in becoming a real man. He also covers reproduction without over-emphasis and answers well many of the important questions a boy asks about this growing-up period.

At the close the author confronts the reader with a decision—what kind of person does he choose to be? Then follows the observation that good conduct does not take away the good things of life . . . rather it brings to the wise person much happiness.

Society and the Homosexual, by Gordon Westwood (New York, Dutton, 1953. 191p. \$3.00) is reviewed here by Dr. Karl M. Bowman, professor of psychiatry at the University of California's school of medicine. Gordon Westwood is the pseudonym of an Englishman who combines scientific validity with literary merit.

This popular treatise, intended for the general public, is based on the author's knowledge of conditions in Great Britain. However, in a free quoting of the literature from England and other countries he includes references to the Kinsey report on the sex life of the male, and to various medical, psychological, legal and social studies.

The book, divided into eight sections, includes a discussion of the many problems due to homosexuality. The writer emphasizes the importance of early life experiences and the relationship of the child to the parents as significant factors in the development of homosexuality. He notes evidence of

an inherited predisposition and constitutional factors as an aspect which at present has no practical application. The writer stresses that imprisonment—the fate of most convicted homosexuals—does not cure but commonly makes these conditions werse.

There is quite a bit of good information in this volume, and the theories of various writers are discussed with a fairly balanced attitude. The author recognizes the limitations of treatment with our present knowledge as to causes and techniques for therapy.

He quotes Stürup's report on castration and feels that possibly the use of surgical castration or of glandular castration by means of estrogen treatment will prove to be valuable in dealing with some sex deviates so they may be safely allowed back in the community. He warns that this powerful means of control should not be used without the patient's consent.

The author pleads for understanding and tolerance. In his opinion, latent homosexuality under favorable circumstances adds greatly to the cultural energies and achievements of mankind. He notes, "Many of the attitudes and modes of living in our civilization are accepted without question." Some of these attitudes, he feels, come from ignorance and social taboos, and are not founded on intelligence or logic. As an example of the difference in cultural attitudes, Westwood reminds his British readers that the Arapash, "a peaceful and well-organized tribe in New Guinea, often sit in the mud as they work or relax, but they never go to the seaside and sit on the sands, which they regard as filthy. It is a small point, but it would be very difficult to persuade them that the people who sit in the sun at Brighton are right, and they are wrong."

This book can be recommended as a well-rounded, common-sense presentation of homosexuality.

Out of Wedlock, by Leontine Young (New York, McGraw-Hill, 1954. 261p. \$4.00) reflects the author's experience with hundreds of cases involving unmarried mothers. She is now on the faculty of Ohio State University's school of social administration. Dr. Herman R. Lantz, associate professor in Southern Illinois University's department of sociology and anthropology, is the reviewer.

This is a social-psychiatric analysis of the unmarried mother. The contents discuss the unmarried mother, the unmarried father, the illegitimate child, and dealing with the problem. Each of the four sections is divided into chapters; a foreword and a postscript by a psychoanalyst are also included.

This treatment by the author, a professional social worker, is generally quite impressive. The data derive from an extensive background of well-integrated professional experience. The basic analysis centers around the interaction of the cultural background, the family value-structure, and the emergent personality organization. Here the analysis of the motivations that lead to premarital pregnancy is excellent. The author's emphasis on the compulsion to act out emotional conflicts which leads to premarital pregnancy suggests important intrapsychic determinants. Throughout the treatment one finds much that is new and revealing about the characteristics of unwed mothers and their social as well as familial intimates.

On the negative side, persons interested in quantitative measurements may resent the lack of a systematic statistical analysis which could have made this presentation much more reliable and meaningful. This limitation constitutes a major weakness for those interested in developing a body of systematic theory in this area of human experience.

For the most part, the author makes a significant contribution to our knowledge of out-of-wedlock pregnancies; many research possibilities are implicit and many valuable insights are to be gained for social case workers as well as those interested in social hygiene. For both professional sociologists, psychologists and applied practitioners this book is highly recommended.

Social Planning in America, by Joseph S. Himes (Garden City, N. Y., Doubleday, 1954. 59p. 95¢) is written for college student and lay reader. Professor Himes teaches at North Carolina College at Durham.

The author uses the efforts of the women of Gary, Ind., to get rid of organized vice and corruption as an illustration of method in social planning—investigation, discussion, agreement and action. Though the sequence of these phases is not arbitrary, each played a part in this successful community effort to gather facts, get the support of organized public opinion, insure an honest election of approved candidates, and finally get a grand jury to return an indictment of crime.



THE UNITED WAY

KANSAS CITY, MQ.

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About our cover . . . Honoring the Red Feather and its significance to all Americans.

Harriett Scantland, Editor Elizabeth McQuaid, Assistant Editor

THE JOURNAL OF SOCIAL HYGIENE

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Must Reading

If you missed Morton Sontheimer's article on VD, "The Dread Comeback," in the July issue of the *Ladies' Home Journal* you can see a condensation in the September *Reader's Digest*. It's important reading for anyone interested in young people, especially those in their teens.

Conrad Van Hyning, executive director of the American Social Hygiene Association, comments in the Ladies' Home Journal that "Morton Sontheimer's article sounds a warning to an American public that has been lulled into a false sense of security about a great social danger. There remains in this country a vast reservoir of venereal disease. It can burst forth at many places to pollute our youth—it already has.

"The fact that we now have the means of curing VD quickly and easily is not enough. We must educate potential victims to the danger, enable them to know when they have it, and bring them in for treatment.

"To abandon these simple public health measures would be tragic," Mr. Van Hyning points out.

Mr. Sontheimer, one of the country's outstanding free-lance writers, suggests that readers

- Urge their congressmen to restore needed funds that have been taken from VD control.
- Find out from their own health departments whether state and local appropriations for VD control are adequate. "If not," he says, "ask your state legislators and municipal authorities to correct the lack."
- Educate young people against the perils of promiscuity. "The kind of complacency that has lowered defenses against VD has also taught many youngsters to be contemptuous of syphilis and gonorrhea as trifling matters not worth concern. They need to know that with treatment delayed, VD can still cripple, that a year of unrecognized syphilis can ruin their bodies, and without treatment, it can still kill."

The time—10 a.m.

The eity—Pittsburgh, Detroit, Atlanta or any American eity.

The place—any street where large numbers of people are accustomed to walk or congregate.

A team of recorders and nurses and a public relations specialist is setting up a sidewalk blood-testing station. The public address system is already calling to bystanders to "Step right up and get your blood test. It will take only a minute of your time. This is a service of your local health department. Our nurses are ready to serve you."

From neighboring windows people look on in half-interest. Pedestrians slow down, stare, walk on. A group of teen-agers gathers around the table to watch intently every article a nurse puts out. One timidly asks, "Will it hurt, lady?"—more in doubt than fear. A younger child, afraid to come close, watches eagerly.

Presently an old woman stops before the table. Almost apologetically she asks, "This where I get my blood test?" and offers her arm to the nurse. Trembling, she hopes to add a few more years to her waning life. A store-keeper stands in his doorway, chewing gum vigorously as he watches the procedure. The children crowd closer. The nurse, with complete assurance and a friendly smile, dabs the patient's withered arm with an alcohol sponge and draws the blood. The test is over. The woman walks away satisfied now her life has been prolonged.

One teen-ager chuckles, "Pshaw, it didn't hurt at all! Lady, can I get a test?" He holds out his arm. Then others come. The shy child comes up timidly and presents his arm. "You're too small," the nurse tells him. "But if you get your mother, we'll take yours too." The storekeeper isn't chewing so fast now. "Say, miss," he says. "I might as well get mine now." He goes back into the store patting his arm with the cotton sponge, cajoling the others about their timidity.

Bi-focally viewed-

A rose is a rose by any name, but not the same rose to all viewers . . . a horticulturist, a child with a thorn-pricked finger, a corsaged teen-ager see it with differing eyes. Let each of us view a sidewalk blood-test project and we would interpret it in our own lights. In this issue Dr. W. A. Mason, physician, and Simon Podair, health educator, present similar conclusions . . . yet their varying emphases reveal to us far more about successful blood-testing programs than a single approach ever could.

When they had just about forgotten the small boy, he pulls at the nurse's apron, "Here's my mamma. Can I get my test now?" His mamma makes a lot of fuss over him, but he takes the test without a whimper and hurriedly races away to brag to his friends and bring them in. The nurse tries to convince his mother that she too should have a test. And so the station goes, hour after hour, day after day. The team is busy, and the people . . . most of them go away happy.

Now what is going on within the individuals who make up this mass of people? What motivates them?

I do not have the complete answer. I feel certain, however, that they are learning . . . that this team is teaching. I believe the members of the testing team are learning too, but it is with their teaching that I am chiefly concerned.

As Warner, Hill, Bowdoin and other investigators writing in the June, 1951, issue of the Journal of Venereal Disease Information observe, knowledge of syphilis, especially the serious nature of the disease, the signs and symptoms of early syphilis, the possibility of cure and the location of diagnostic facilities can be imparted to the general public, and "the imparting of such knowledge results in an increase in the number of new cases reporting for diagnosis." I too am convinced that this is true.

What people should learn

Now that learning takes place at the sidewalk clinic, two questions naturally arise. What do we who are interested in the control of venereal disease want these people to learn, and how can we make learning more effective?

First, I believe we want them to learn that getting a blood test is good business, that they should get a blood test. We want them to know that the test is specific . . . that it is not for blood-typing, not for gonorrhea, but for syphilis. And we want them to know that syphilis is communicable.



I believe the public should know also that the blood-testing service is offered by the local health department free (where there are no objections to the use of the word free) and that this service is available at all*times.

Finally they should learn as much about syphilis as is possible—how it is contracted, how it is prevented, how it is cured. This is indeed a large order. It is nevertheless my honest conviction that all these facts, some more completely than others, we may teach at the sidewalk clinic. Here we have a tremendous opportunity and a challenge not only to test but to teach as well. I am convinced we have not always fully used this opportunity to teach through our service.

Groups bring to a testing program not only their arms, bared for the needle, but their fears, superstitions, insecurities and misunderstandings. Fear of the law and of reprisals if a test is positive, fear of bodily harm, even death, fear of the scorn of a neighbor, one's family or friends, or fear of loss of one's job... any one or all of these may serve as real barriers to learning. As good teachers we must anticipate these problems and attempt to eradicate or minimize them. Until they are removed, we can never create readiness in the learner. To find these problems we put into practice this educational principle: Good teaching is a matter of drawing out rather than a matter of putting in.

Once we develop readiness in the learner, we try to make his blood-testing experience not only pleasurable but satisfying so that he feels he has accomplished something.

To develop readiness, our health agencies promoting mass-testing should start weeks before the actual testing begins by planning with the community. I say

"plan with" the community advisedly, rather than "plan in" the community. There must be honest participation in the planning at the grass roots level. It is in these planning sessions, not only with the health agency staff, but with the community, that bottlenecks to learning—fears, superstitions and misunder-standings—come to life. In these planning sessions the nurse, for instance, learns that she herself must appear happy if she is to communicate happiness to her patients, if blood-testing is to be a happy experience for them.

We can increase readiness by showing selected movies to church, school, elub or college groups. We should not overlook pool rooms and the wide-open spaces if we are to attract that large group, the unattached. Well-timed and well-organized newspaper and radio publicity is important, but equally important is the support of leaders within the group itself. When a person the group trusts endorses a program, we create readiness of a superlative quality.

Testing to music

Now how may we make blood-testing a pleasurable experience? I am thoroughly convinced that a gala atmosphere at the testing stations is conducive to learning. Let happiness be unrestrained. Let there he music. Health is a happy experience, and if the group likes music—and what group does not?—recordings have real value. Music draws the unconvinced yet curious, and gives the team an opportunity to teach.

The person handling the public address system has unlimited value as a teacher if he comes from the group to be tested. Learning begins with him, and once he has learned he speaks the language of the group unaffected by "professional taint."

Recorders are important teachers, to be selected with eare, preferably from the group to be tested. Love of people, all types of people, is a prerequisite because the patience of the recorder—more than that of any other person on the team—is stretched to the limit.

Unless she is kind and efficient, the nurse may make blood-testing a very unhappy experience. No happy experience can come from being stuck and restuck and stuck again by a probing nurse. Kindness is the first quality of a good teacher, yet kindness without efficiency has no place in the educational experience the team is offering.

After kind and efficient treatment and a well-timed compliment that he has been "smart to get a blood test," the patient leaves happy and feels he is important and has achieved something worthwhile. Praise exerts a tremendous educational force.

Most of this teaching is indigenous . . . transmitted for the most part from the team and the community leaders to the people being tested and translated by them into an action that gives them pleasure.

W. A. Mason, M.D.—Ohio State, Meharry Medical and Yale school of medicine graduate, he is a general practitioner, PHS consultant and VD control specialist. He is also interested in school health education and community organization.

Our patients should associate learning with pleasure, activity and success. We must consider their interests, needs and capacities. The whole team must serve rather than teach, as we commonly think of teaching. A sincere exhibition of service without paternalism, and a sympathetic understanding of the people we would test without the arrogance of teaching . . . to these the patient responds pleasurably . . . and he learns.

Educators tell us learners cannot be considered aside from their environment. We speak of democracy in education, of the social values of education. Our testing stations, having certain social implications, should be in areas and places associated with pleasurable experiences for the person tested—a place where friends are accustomed to meet and where they are assured a hearty and honest welcome. In such an environment learning hegins where the learner is, not where the teacher is.

The written word

We can encourage much incidental learning about venereal disease by distributing short, concise leaflets geared to specific age and social levels. This type of leaflet is one of our outstanding needs in health education, although more and more good material is finding its way into our hands.

Education of the public does not stop with testing. How the patient is treated at the examining station, the clinic or the treatment center, whether he is guided or herded through the clinic—this will influence his evaluation of the experience.

Human beings possess several basic needs or drives to action, such as the need for successful achievement, recognition and security. From experience the individual learns which purposes are most satisfying in contrast to those which are either futile or impossible. I believe our testing teams—nurses, recorders, public relations personnel, health educators, physicians—once they recognize, understand and capitalize upon the needs, interests, fears and prejudices of the group to be tested, will be able to translate their services into effective learning experiences, and make selective mass-testing a true seminar for health.



Health Education in Selective Mass-Testing

by Simon Podair

Would the people of New York City respond to a sidewalk blood-testing program? That was the question asked last year by public health workers in the selective mass-testing for syphilis organized by the city health department and the U. S. Public Health Service.

Many thought New Yorkers would not submit to blood-tests in full view of their neighbors. In addition, they were concerned with the effect on minority groups because there were many in the health districts selected for testing. But by the close of the program almost 50,000 persons had taken a blood-test at various street corners in the city.

Health education played an important role in mobilizing the communities for action. Seven communities—almost two million persons—were our targets. It was the first time such an activity was undertaken in a city as large as New York, and conditions peculiar to a large urban area had to be considered.

While certain aspects were unique to syphilis case-finding, in general the principles are applicable to other public health activities.

Health education made two vital contributions:

- It steered us towards more efficient planning and execution through community organization.
- It earried the program beyond ease-finding to the equally important area of education.

The success of a health program can be judged in various ways. Statistics are considered by some as one yardstick of success. In health education, however, statistics take on more meaning when related to the total community picture that considers the experiences encountered by public health workers and the lasting effects of these experiences on the community.

'This selective mass-testing provided us with an opportunity for meeting people face to face on the streets of New York City. For this reason, it gave the health educator an opportunity to use all his skills. Along with other members of the public health team he used publicity and public relations to induce as many people as possible to take a blood-test. These techniques also helped in planning and organization. In this role the health educator was of immediate assistance to other members of the case-finding team: the physician, public health nurse, administrator and technician.

But it is his role as an educator that should be stressed. Publicity is ephemeral, education more lasting. As one well-versed in the methods and techniques of modern adult education, the health educator can become the key figure in producing a lasting educational effect. Thus, selective mass-testing will not become an end in itself, but rather a beginning towards effective motivation for prevention and detection.

How can this be done? One possible key to the problem is the integration of the program's philosophy and objectives into the lives of individuals who are VD-prone because of a depressed socio-economic environment.

Concretely, there are two educational activities that a health educator can use in ease-finding.

He can devise means of telling participants in the program the salient facts about VD. One way—and most effective—is just by talking to people. Word-of-mouth can often reach those persons who won't read a leaflet, mentally digest the message of a poster, or listen to a radio program on VD but will listen to Uncle John or Cousin Frank talk about the dangers of syphilis and gonorrhea. Health educators must reach Uncle John and Cousin Frank with a simple, direct approach on VD education so that they in turn will reach others for us and act as amateur health educators.

The health educator must go to people by seeking out the places where they congregate for social activity. If he is working on a VD program, he may have

Monte Irvin,
New York Giant,
recording
sidewalk
blood-test
appeal.



to visit the corner tavern and talk to the bartender about syphilis and gonorrhea. Or he might go to the barber shop or candy store. Research in social psychology has shown that each community has opinion leaders. Often they are not considered leaders in the civic sense, but nevertheless they influence others. They are considered as sources of information on various topics, including health. Certainly they can be extremely useful, contribute vastly to VD education, and become key persons in a VD program.

In New York City teams of public health workers armed with VD leaflets and a direct conversational approach visited taverns. Most of the bartenders were eager to cooperate and promised to tell their patrons about blood-tests for syphilis and where they could obtain them. It is important in working with a barman to understand that often he can be won over by pointing out the protection the cradication of syphilis can give to the non-infected among his patrons. He wants his tavern known as "a clean place."

The health educator can help at on-the-spot sidewalk blood-testing stations by asking people to take a blood-test. Why can't a clerk or technician do this? Staff members untrained in human relations can often impede a program by antagonizing and discouraging passersby. How you approach is equally as important as whom you approach.

The health educator, then, can adjust his educational techniques and methods to selective mass-testing.



A poster you can't miss.

Our health educators found that case-finding through churches, settlement houses and other community organizations resulted in a negligible amount of positives. However, the health educator cannot neglect such organizations in planning a program. These community groups have within them accepted leaders who must be "sold" . . . the opposition of a leading minister or head of a civic organization can do harm.

Our experience has shown that objections will often be raised by various groups on the question of stigmatizing a community by seeking cases of syphilis among its residents. Only honest discussion with these leaders can overcome their objections. It must be pointed out to them that selective mass-testing is a health measure that works to the benefit of a community, and that by attempting to control syphilis we are raising the community's level.

Simon Podair—Assistant chief of public health education field services in New York City's health department. Coordinator of a recent syphilis mass-testing program, he likes to draw on anthropology and sociology in interpreting health education.

These leaders must be drawn in as soon as and as much as possible. The more active they are in a program, the greater is the possibility of their acceptance of it. In New York City, community leaders appeared at locations and took blood-tests, setting a pattern for their neighbors to follow. The sight of a minister volunteering to take a blood-test will go a long way to removing any stigma that may exist in people's minds.

A phase of community participation often overlooked is assistance in the preparation of materials. The health officer and health educator, who usually have an understanding of the particular likes and dislikes of the people in their area, should be consulted. Community leaders who may also be in a position to know what material will produce results should be invited to help.

With due regard to individual taste, there are certain cultural and social values that a given community as a whole may accept or reject. Materials should not be prepared without knowledge of these values. Posters and leaflets should be developed with the cooperation of community leaders and workers, who should be consulted especially as to content. Thus their cooperation will be obtained in the planning stages.

In preparing materials, the health educator cannot sit in his office and work alone but must involve the community.

We avoided a sophisticated approach in our materials and used the basic idea of simplicity instead. A sports theme was developed because of the almost universal appeal of this subject. One poster depicted a baseball catcher telling a pitcher, "Pitch a strike for health—get a free blood-test." Another showed a referee telling two boxers—one Negro, the other white—"Come out fighting for health—get a free blood-test." This was unique, and arose from discussions with community leaders. The flyers publicizing specific blood-testing locations had similar content. Artwork for posters or other printed materials should include representative figures from the main national and racial groups found in the area. Such national and racial groups will then feel part of community programming.

Community leaders can also be valuable in helping ascertain cultural backgrounds. Such a simple thing as knowing what type of music to play over a sound truck at a sidewalk station is important. One group of people may be attracted by jazz, another repelled. Others may prefer military or folk music. We can also learn group taboos and how they interfere with public health programs.

Our work with radio stations and local newspapers also emphasized participation on the community level. For example, we avoided the radio networks. Instead, we concentrated on local radio stations catering particularly to the groups we were trying to reach. Disc jockeys were the base of our radio activities. Whenever possible they appeared at blood-test stations, playing their records, interviewing those who had just taken a blood-test, and urging others in the crowd to do likewise.

Our metropolitan daily newspaper coverage was restricted to one release at the inception of the program. But we worked closely with the editors of local and foreign-language newspapers. Here it was not merely a matter of sending out a release, but required involving the editor as a community leader. He was visited personally, told about the program and kept informed on its development. As a result of this close relationship, local and foreign-language papers published editorials urging support, cartoons, action photos, and a steady stream of news and feature stories.

In using celebrities we had to deviate somewhat from our community pattern and include nationally known figures from baseball and boxing. They made personal appearances at sidewalk stations, and gave us recordings to play on sound trucks.

The health educator can contribute to immediate case-finding and through it to long-range educational programs. By using various educational techniques he has much to offer through his knowledge of how to work with people effectively. Without his efforts, selective mass-testing can bog down into a routine operation, devoid of imagination and unsuccessful in making a real impact. His active participation can often create the living substance in which selective mass-testing can develop and succeed.

CREDITS

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We can immunize against venereal disease as surely as we have immunized against smallpox. But we must bring a new interest to bear on an ancient device. Even more fundamental, we must bring to our efforts a faith in the intelligence of men which may have suffered from our reliance on immunity by inoculation.

Health Education in VD Control

by T. Lefoy Richman

The last sixty years have provided a new meaning for the word immunity.

To the ancient Roman immunity meant freedom from civil obligations. A person was sometimes immune from being forced to carry stones to build a road or from serving with the legions. Another may have been immune from paying certain taxes or duties.

In other places and times persons under various badges of authority have granted real or pretended immunities. There were, as you know, a wide variety of magic formulas granting immunity from personal danger. The warpath rituals of the North American Indians were designed to immunize the warriors against death or torture at enemy hands.

Although we still have immunities by authority of governments and although among some groups there may still be immunity by magic formula, we have added to the usages "biological immunity from disease." The success of biological immunity has been startling. In some areas it has practically eradicated certain communicable diseases.

The result has been a passionate search by scientists for new biological immunizers. In venereal disease control considerable time and talent have been devoted to this pursuit. Thus far our progress has been slight. This, however, is no cause for public lamentation.

The ancient device is public education. At the outset let me assure you that there is to my knowledge no satisfactory way of inoculating immunizing ideas into the human mind quickly. The immunization process by public education is slow, laborious, personal and subject to only the most general type of evaluation. The educator who wants quick, easy and universally evaluable results is younger than he thinks. Nevertheless, the idea of immunizing by education, especially against venereal disease, is practical. It is happening all around us.

Consider that although venereal disease is easy to get and the vast majority of the population practices the method of transmission with varying degrees

T. Lefoy Richman—VD program development chief in the U. S. Public Health Service. He received an A.M. from George Washington University. Navy veteran, former government editor and writer, father of three.

of regularity, by far the preponderance of people in this country don't get syphilis or gonorrhea. Relate this to the fact that the prevalence of venereal disease in any group decreases as the education level increases, and you have an indication that education does have an immunizing effect on groups of people.

For a number of reasons we are well equipped to extend this immunization process in the population rapidly and effectively.

We have something interesting to say. Venereal disease in all times and places has been an absorbing subject. It is surrounded with a great variety of folklore, with attitudes of secrecy and taboo, and with the emotional impact of fear of disease and fear of discovery. It never fails to win an attentive audience.

In all states and large cities and in most counties and towns we have trained health workers, among them VD investigators with specialized training in the epidemiology of venereal disease. In effect, we have a far-flung teaching staff whose efforts can be channeled to the public in a great many ways and with the force of authority.

We have powerful allies. The military is vitally involved in VD control, in the interests of both manpower and morale. They conduct continuous education programs among the men of the armed services; their control activities, as you know, are carefully knitted into our own.

Through its publications and meetings, the American Social Hygiene Association directs VD information to people of influence throughout the country. International organizations such as the World Health Organization, the International Union against the Venereal Diseases, and the Pan-American Sanitary Bureau distribute VD information to both professional and lay groups throughout the world. In addition, among the progressive public schools there are scattered attempts to provide young people with immunizing venereal disease information.

All these factors—the interesting subject, the health departments' teaching staffs, and the allied agencies outside public health—exert an influence in our favor and offer opportunities for more effective public education.

Now after saying these hopeful and promising things about public VD education one is confronted with an apparent contradiction. We still have syphilis

Remember that transmissian of venereal disease is linked with human pracreation and that the behaviar patterns surraunding that function are as ancient as man. Changing these even superficially is a staggering assignment, requiring something much more dynamic than mere information.

and gonorrhea. Why? The treatment is quick and inexpensive, the diagnosis is reasonably accurate, public education is going on continuously. There are a number of reasons.

Education is more than merely acquiring information. The American people have been living with the automobile for half a century. They know about high speed and crowded thoroughfares. They know that gasoline and whiskey don't mix. They know about stop-signs and jaywalking. And yet automobiles kill more people in the United States every year than any disease. In this a failure of education?

Only partially. It is also a failure of the plan and design of highways. It is a failure of the plan and design of cities. It is a failure of traffic regulations. And it is a symptom of many failures in personal judgment and stability. In all these areas of failure public education should have had a preventive function. But this function has been impotent and will remain so so long as education is regarded merely as a process of assimilating or disseminating information in an environment which feeds the evil against which the educational effort struggles.

And yet the conclusion is inescapable that these behavior patterns as they apply to the transmission of VD are subject to influence. In the United States, fewer people are getting VD now than in any previous period of record. This is not merely a matter of reporting, because since 1947 there has been an almost uniformly high level of testing—about 2.3 million persons annually. It is a matter of declining opportunities for infection in the population. And these opportunities are declining because education which goes beyond the mere transfer of information—education which is an active demonstration of service—is creating an environment which makes diagnosis and treatment of VD practical and acceptable.

A second reason we might ascribe to the fact that we still have syphilis and gonorrhea despite our far-flung education processes is that immunization by education, like immunization by inoculation, does not always take. You will remember that this was a very serious problem in the early days of vaccination. For every case of smallpox which developed in spite of vaccination (and there were some) a host of angry voices was raised against the entire immunization process, and it was some time before those voices were sufficiently quieted to permit orderly community-wide vaccination. At the present time the objectors

still engage busily in anti-vaceination lobbying; and even for immunizable smallpox the education process must continue so long as the eausative organism still exists.

Another reason which might be mentioned for our still having VD is that despite the soundness of the appeal and the effectiveness of communication, there has not yet been a community completely unanimous on practices which will immunize all of its members against danger. There will always be those who ignorantly or deliberately defy the stop-sign.

I should like to spell out some of the principles which we may apply to the process of VD immunization by public education with a reasonable degree of success.

First, since the commodity we sell is service we must make that service a thing the public can see and share. Salesmen do not sell automobiles. Automobiles are seen and used everywhere. Good roads and cheap fuel make their use casy and profitable. In an automobile environment, automobiles sell themselves. How many modern automobiles would be sold today if our main streets still were unpaved and our highways still were eart trails? Salesmen stimulate the sale and influence the customers' choice.

Advertising, speeches, movies, radio shows, television and all the other media of communications will not sell public service. They merely call attention to it. The service must sell itself. To do this it must be apparent, it must be needed, and the people who get it must want it.

In the last year I have been working with selective mass-testing teams in New York City. Repeatedly I have noticed earnest discussions taking place on the fringe of the crowd around the blood-testing station. Time after time when I investigated I discovered that it was a parent or a brother or a sister or a friend urging someone to take a blood-test and explaining—sometimes in very colorful language—why it is necessary. We have reached at least this point in selling our service: people do want it, people do feel it is necessary, and people with no professional interest in our work spend time persuading other people to accept it. This is especially true if the service is out in the open—out on the sidewalk where the people are and where they can see what is happening.

I should like to devote a little extra time to this phrase "out in the open." To the public, medicine and the healing arts are still shrouded with mystery.

Strong, burly men watch with fascination and when approached confess their terror of the needle. But as they watch and as they listen their fear gradually disappears and eventually they are seen holding their elbows sharply bent over the small bit of sterilized cotton and explaining to other anxious watchers, "It doesn't hurt a bit."

Thus as a second broad principle in achieving our immunization process, let us say that even among those activities which must go on inside, the patient is given the feeling that everything is "out in the open," because it is.

Doetors speak a strange language that laymen do not understand. Their workshops—hospitals, laboratories, elinics—still are associated in the public's mind with pain and suffering, as are their needles, their drugs, their sealpels and surgical scissors. Much as modern medicine has attempted to shake off the aura of dread which surrounds its practice, it is still subject to public aversion as unpleasant and unknown.

On the streets of Harlem where everyone who walks by may see the application of the needle and the withdrawal of the blood and where everyone may hear the reassuring words in many languages, "it's free, it's quick, it doesn't hurt," the majority submit only after personal persuasion by friends or neighbors or members of the blood-test team.

And may I emphasize that the educational impact of this blood-test experience depends especially on the skill of the technician? If he bobbles, if he is clumsy, if he inflicts needless pain, then fear mounts and the erowd thins. In the blood-test line on the street public service is on trial. The public watches and waits. If the service is competent, quick, friendly, the public accepts and the word goes around that this is a good service.

Word gets 'round

People go out of their way to tell you and tell their friends. The service stands or falls as a public demonstration. I am convinced that the more the practice of public health is put on the spot in the open, the more successful it will be and the more rapidly the good word will be spread among people who need the service.

As a guiding first principle in our attempt to immunize by education, let us say then that every possible opportunity will be taken to bring the service out in the open where the people may test it.

There are of eourse certain aspects of venereal disease control which cannot be performed on sidewalks. Interviewing contacts and treating patients, for example. The "out in the open" concept nevertheless may apply to these too. Interviewers are trained to be frank and honest in their approach to the patient. They know an attitude of friendly authority is the only possible means of establishing rapport. In administering treatment, the doctor can give frank, simple answers to questions. The patient can be impressed by the fact that the doctor is his friend and adviser who is interested in him as a person and who has nothing to coneeal.



In the open

Whenever health problems arise from human activities beyond the reach of community controls—controls imposed by ordinance or law—there is in the final accounting only one type of immunization. That is the process of immunizing oneself by the regulation of personal conduct. This alone accounts for the survival of the human race. Venereal disease is not subject to controls by ordinance or law except in a limited sense.

Just as people immunize themselves against jumping off high places, so they can be taught to immunize themselves against venereal disease. No one who has it wants it. Most people who do not have it, fear it. Protective devices—from the practice of strict monogamy to the application of soap and water—are matters of behavior.

No one today need get venereal disease, and no one who has venereal disease need go without treatment. Therefore, as a final broad principle for our immunization-by-education program, let us who know these simple facts add to our knowledge the conviction that the American public can be immunized against venereal disease through education. Such conviction—demonstrated constantly through vigorous "out in the open" public service by the health workers of this country—cannot possibly fail in its objective.

If one must justify the inclusion of information about a specific disease in a course of study he usually approaches his task by citing the incidence of that disease among a particular school or college age-group. Statistics or graphic presentations are usually impressive, with the result that the recipient of the information displays at least a temporary interest in what has been revealed to him.

Although we know the teens are the healthiest years of life we also know certain conditions are prevalent during this period. According to the Metropolitan Life Insurance Company's statistics for 1950–1952 the major threat to teen-age life is accidents, and the leading cause of death from disease throughout the teen-age period is cancer. Diseases of the heart, tuberculosis, acute poliomyelitis, complications of pregnancy and childbirth appear as major causes of death among teen-agers. Other health problems demand attention—colds, dental caries, defective vision, mental and emotional maladjustment, acne and faulty food habits.

There seems to be no question that information about these causes of illness and death warrants inclusion in high school and college health courses.

My purpose here is to discuss some of the basic issues regarding venereal disease education in the schools. . .

- Is venereal disease a problem among teen-agers and young adults?
- Should schools provide VD education? If so, where should it be taught in the school curriculum? By whom?
- What should be the approach to this type of education?
- Is there any evidence to prove the effectiveness of VD education?
- What moral and social problems are involved?

The highest incidence of venereal disease is among individuals in their late teens—those who have just finished high school. What significance does this have for educators?

According to statistics reported to the United States Public Health Service in 1952 by a New England state, gonorrhea and syphilis were most numerous among young people 20 to 24 years old, followed by those 25 to 29. In the

list of age-groups reporting cases of gonorrhea in this same state girls 15 to 19 ranked third highest. Syphilis showed a marked increase in the 15–19 group, approximately 23 times greater than in the 10–14 group.

A midwestern state reported similar data for the first six months of 1951. A study of early syphilis, also in a midwest state, disclosed over 50 contacts from a 17-year-old girl in five months of 1953. About one-third of her contacts, who ranged in age from 14 to 22, became infected with syphilis.

In a western state in 1951 gonorrhea was most prevalent among young people 20 to 24.

Without doubt there is a high incidence of venereal disease in the late teens and early adult years. Is there not a need to take a second look at the place of venereal disease education in our school programs?

Unfortunately, education about venereal disease does not give an individual the same insurance as vaccination against smallpox. It is generally recognized that protective measures such as observing certain hygienic principles or inoculating against some diseases should be a part of school health education. But the protective value of information about venereal disease is not quite so easy to apply. There are complex social and moral implications which must be taken into consideration.

Dr. Harriett B. Randall has put it this way: "Vaccinate them against VD with knowledge. The take will depend on them. If they remember when they should, what they should the vaccination will probably be successful." Dr. Maurice Bigelow suggested four points in favor of teaching the important facts about venereal disease. . .

- Scientific information concerning the causes and effects of syphilis and gonorrhea does prevent infection of some young persons who without such knowledge might become infected. (This statement can be supported by physicians who have testified to this effect.)
- Scientific information as to the dangers of going without medical treatment, or of attempted self-treatment, does lead many persons to seek medical advice and treatment promptly, and especially to persist until treatment is adequate. (Public health authorities recognize this point.)
- Positive information concerning social and public health relations of venercal diseases leads many citizens to support laws and education looking toward their control. (Health education of the public helps to strengthen our public health movements.)
- Scientific teaching will tend to counteract some of the exaggeration which has appeared in the literature. (Exaggeration and misleading facts and figures can cause people to lose their faith and support in the program.)



VD facts
in the classroom

Our philosophy of health education emphasizes that knowledge is only one aim of our program. Development of wholesome and sound attitudes which guide the student in his pattern of behavior are essential if successful teaching is to result.

Examination of several popular high school textbooks on health and some introductory college books on hygiene revealed that their discussion of the venereal diseases, if included at all, was not always under the same topics. Chapters on sex life, marriage and family relationships, or communicable diseases, or organization and functions of health departments were the most common areas to which venereal disease education was related.

The 1948 report of the AMA-NEA joint committee points out that venereal disease should be taught in conjunction with units on other diseases. And Hoyman and Bibby observed that "when the teacher is dealing with the causes and prevention of communicable diseases in general, there is no more reason to exclude diseases of the sex organs than those of the throat or other body parts . . . they (the pupils) should learn that gonorrhea and syphilis are also caused by living germs and can be prevented by avoiding sexual contact with an infected person."

The prevailing philosophy of the American Social Hygiene Association on the place of venereal disease education in the schools is that this information and education should be integrated with appropriate units or courses in health education, social studies, and biology and other sciences.

For example, facts concerning the venereal diseases would be included in units on communicable diseases. The effects on mental health and the emotional aspects of repeated venereal infections should be discussed. In social studies there would be opportunity to consider the phases dealing with public health programs: case-finding, control measures, and cost to the community. Mention of venereal diseases in other times and other countries might be brought into

units of history. Problems affeeting family stability, and our men and women in the Armed Forces, could be treated in other appropriate units.

In their book called *Units in Personal Health and Human Relations*, Biester, Griffiths and Pearee developed a sample unit showing how the venereal diseases can be studied as one aspect of a complete unit on communicable diseases. They state for their objectives:

The educated person

- Knows the nature and prevalence of the serious communicable diseases.
- Understands how communicable diseases are spread from one person to another.
- Knows what science has discovered about the prevention and treatment of the serious communicable diseases.
- Avoids exposure to communicable diseases.
- Supports and participates in community efforts to control communicable diseases.

General questions relating to causes, symptoms, effects and treatments are included for each of the diseases. There are opportunities for student projects and suggested films. In specific discussions of the venereal diseases, their social implications are not ignored.

Kirkendall in his Sex Education as Human Relations describes a plan for a high sehool program of personal and social guidance and indicates that the topic of venereal diseases should be included in a unit on communicable diseases.

If sex education is to be taught in a positive manner with emphasis on the development of wholesome attitudes and a sound sense of values, it is not likely that a discussion of morbid examples of the effects of sexual promiscuity or congenital syphilis will contribute to the achievement of these objectives. I reeall a filmstrip, "The Story of Growing Up," which was used in conjunction with a discussion on boy-girl relationships before a young people's group. Parents had been invited to attend the session and to help answer questions which arose. Included in what might have been an excellent filmstrip was a frame which showed two big red letters, VD, with two caricatured germs. The seript read: "Boys and girls who have not learned to be grown up and control themselves, and who have sex relationships outside of marriage, expose themselves to venereal diseases. Two of these, syphilis and gonorrhea, are two of our worst diseases." In reply to a request for clarification of this information a mother volunteered. She told the group they need not be concerned with these diseases after they were married, and said they were a kind of "punishment" for promiseuous conduct before marriage. Was it any wonder that the Elena M. Sliepcevich—Associate professor of health education at Springfield (Mass.) College. She's president of the Massachusetts Association for Health, Physical Education and Recreation and the AAHPER's vice-president-elect for health education in her district.

informal discussions after the meeting centered on venereal discases rather than on normal relationships? These young people found it difficult to accept a statement which implied that a mysterious marriage ceremony of some minutes provided immunization forever!

Planning courses

Those who assume the responsibility for venereal disease education in the schools should use the many phases of this topic in planning courses. They must be constantly aware of new developments and trends so that instruction will be based on current findings and approaches.

The incidence of the venereal diseases in the general population is an indication that continuing education is necessary. Among two million selectees examined for military service 1.74% of the white men were syphilitic and 25.2% of the non-whites. The estimated incidence among civilians and the Armed Forces (including the Armed Forces overseas) was 123,000 in 1951, 106,000 in 1952, and 96,000 in 1953. Little is known about the incidence of gonorrhea, but it is estimated to be at least eight times the incidence of syphilis. The Public Health Service believes the current downward trend in reported morbidity reflects real decreases in incidence and prevalence but warns that "as there become fewer cases, case-finding becomes increasingly difficult so that there is a distinct possibility that downward trends in incidence and prevalence are not as great as might appear from the study of reported case trends."

We must recognize that although venereal disease may affect any person, some groups in our population and some geographic areas have a higher incidence.

A study in Georgia showed that low socio-economic conditions have a direct relationship to a high prevalence of syphilis. A low educational level and low mental ability appeared as a common characteristic among 500 venereally diseased women at a midwestern medical center. The number of infectious cases in the population, sexual promiscuity, the high rate of communicability and the mobile nature of our population all contribute towards VD's increase.

High school students will find it of interest to learn about premarital blood-tests and blood-tests for expectant mothers. To know that laws requiring drops of silver nitrate in the eyes of the newborn prevent gonorrheal infection will make this information more meaningful to them. The importance that the

With the use of penicillin the outpatient clinic has virtually replaced the inpatient center and increased the importance of the role of the private physician, who may rely on the health department to provide him with skilled interviewers and investigators.

World Health Organization has attached to the control of venereal disease can be pointed out to them by its rank as one of the three diseases to receive priority attention. They may want to discuss the international aspects of this problem and the necessity for cooperation by all countries in its control.

New trends

Although emphasis is on treatment, case-finding (including contact-investigation) is the backbone of the control program. You can't control VD if you don't find the cases. With the newer and more rapid methods of treatment through the use of the antibiotics, there has been a tendency to view VD infections lightly. As the American Social Hygiene Association has observed, "You can't substitute medicine for morals."

In the use of the contact-investigation technique early syphilis patients are interviewed to obtain all necessary identifying data of their sexual partners so that they in turn may be brought to the clinic for interview and treatment.

A new method of speed-zone epidemiology has been instituted in several cities to locate contacts of men infected with gonorrhea. The procedure uses telegrams and around-the-clock investigators to bring in as many contacts as possible within 72 hours. The technique is most applicable to zones of high incidence in large metropolitan areas, and its success will be evaluated within six to 18 months in terms of the reduction of reported morbidity in males. Telegrams alone, in one large area, brought a 40% response for treatment in a four-month period. By using all methods, the health department was able to examine, within the six-day limit, two-thirds of all contacts named.

It is obvious that the success of various control measures will depend upon the continued and combined efforts of the United States Public Health Service, state and local health departments, the Armed Forces and the voluntary agencies.

Conclusion

The efficacy of education as a means of reducing venereal disease cannot be determined. But can we not safely assume that VD education will have a positive effect on our young people?



Sex-the builder of families

We have available local, state and national statistics on venereal disease infections among the various age-groups. If the highest incidence of venereal disease is among young people just out of high school, does this not present a challenge to educators? And since some young people do not finish high school, should not this training come before the senior year?

Sex education is aimed at favorably influencing young people to view sex as a constructive force in their daily lives. There is agreement that the discussion of venereal diseases should be included in a unit on communicable diseases rather than in the area of sex education.

By discussing some of the problems encountered in venereal disease education, I hope I have increased your awareness of the educator's responsibilities. It seems to me that our contributions to VD control can be in the form of comprehensive and broad educational programs which are designed to build positive concepts and which will motivate young people toward desirable behavior.

Integrating VD Education in Science Courses

by Arthur O. Baker

Before discussing my topic in a general way, I should like to describe first how VD education is integrated into science courses in Cleveland's public schools.

When I start to talk about our program, you may feel it is occurring, in just the way I describe it, in every school in Cleveland; this would be far from the true picture. So I shall describe a typical set-up. The program would vary greatly from school to school because of a number of factors: the reaction of PTA groups in some communities, acute juvenile delinquency and juvenile problems in others, the abilities of particular teachers in still others. Not all science teachers are qualified by training or personality to deal with the study of VD in the classroom.

In 1930, an organized first course in high school biology was written. Two of the units were arranged to develop scientific background and vocabulary about reproduction and the embryological processes in plants and animals, human beings included. In one unit venereal diseases—their cause, cure and prevention—were treated specifically. Boys and girls are separated for VD instruction. When a science teacher sticks to a discussion of the scientific facts about these diseases and stays away from phases of sex behavior that do not belong in the science classroom, he is on safe ground.

The rising tide of juvenile delinquency contributed in part to newer curriculum materials in the tenth grade in 1943. Two additional sets of materials—"How the Forces of Daily Life Affect Mental Health" and "Biological Aspects of Adolescence"—were developed for the course in high school biology.

A few years later, a class was formed in health education for senior boys. This course is a health course, not a science course. It includes topics such as syphilis and gonorrhea. Today this course has been moved to the 11th grade.

In special health education courses, in segregated personal regimen courses for boys and girls, in home economics, and in the athletics program problems of teen-agers are treated.

In 1950 it was felt that attention to VD education should be given in some areas of the city at the junior high school level. Materials developed at that time pointed out that instruction should be provided on communicable diseases such as syphilis and gonorrhea, and should include a description of the microorganisms which produce the symptoms by which these diseases can be diagnosed, emphasize the need for early recognition and treatment, and point out the effects of the diseases upon the body if they are not promptly cured.

Arthur O. Baker—Graduate of Miami University, he received his M.A. from Stanford and did graduate work at Columbia and Western Reserve. Author of Dynamic Biology Today and director-supervisor of science for Cleveland's public schools.

Where teachers are able to handle the topic a film, "Syphilis," has been used, a short version for girls, a longer version for boys. Other films, sugar this "Know for Sure," are circulated by the Cleveland Division of Health.

Recently I previewed three very fine films—"Miracle of Reproduction," "Age of Turmoil," and "Physical Aspects of Puberty"—dealing effectively with problems of teen-age boys and girls. These films can be used as effective stepping stones for the introduction of the VD topic.

Films on VD in the past have not been too satisfactory for use in science classrooms at the secondary level. The U. S. Public Health Service deserves a compliment for taking leadership now in the production of newer and better VD films.

In addition to films, we use pamphlets from the Cleveland Division of Health, including "What You Should Know About Syphilis and Gonorrhea" and "Control of Communicable Diseases." Dr. Robert N. Hoyt, coordinator of venereal disease cducation, has supplied films, pamphlets and speakers from his division.

The Cleveland Health Museum, under the direction of Dr. Bruno Gebhard, has given science teachers and pupils much help with various aspects of sex education. Through field trips pupils have profited from the special displays pertaining to communicable diseases and the biology of reproduction.

Conclusion

Venereal disease education can be integrated into science courses. We find it desirable to have boys and girls segregated for this instruction. In the science classroom, the necessary vocabulary and background materials can be introduced. I am not referring to the birds-and-bees kind of education, but to realistic education about human reproduction, communicable diseases and related topics.

In the natural vocabulary of science courses, we have a perfect setting for education on venereal disease. I think also that science teachers, by the nature of their training, are well qualified in many instances to handle VD education. They can deal with the topic in a matter-of-fact way.

VD education has become increasingly realistic, and in the future must become even more so. I believe the integration of VD education into science courses should continue.

by Elizabeth B. McQuaid



The American Family in the Twentieth Century, by John Sirjamaki (Cambridge, Harvard University Press, 1953. 227p. \$4.25) is a study of changing family function. Dr. Robert G. Foster, who reviews it, is the Menninger Foundation's marriage counseling training director.

This book deals with the conception developed by Burgess and Locke that the family in America has developed from "institution to companionship."

The author follows somewhat the Ogburn pattern of dealing with the functions of the family, pointing out that the sexual function has not undergone a marked change, the economic function has lessened, and the educational—particularly the affectional—functions loom much larger. The author points to the economic function of the predominantly large family prior to the turn of the century and to the effect of the change in family size on problems of childrearing.

I have always questioned this matter of lessening or increasing or eliminating the function of the family as originally delineated by Ogburn and others, in favor of the view that the family's function has been markedly altered but not necessarily eliminated nor diminished. For example, economic function in the family certainly is different from what it was a hundred years ago . . . but the problem of inducting young people into the economics of our system is just as complicated and difficult—and in some ways more difficult—for the family today.

As collateral reading for college courses this book might be found useful. As a text it is not complete enough, and as a book for the general reader it is a little too stilted, academic and lacking in feeling.

How to Live with Your Teen-ager, by Dorothy W. Baruch (New York, McGraw-Hill, 1953. 261p. \$3.75) is reviewed here by Dr. Erich Rosenthal of Queens College's department of anthropology and sociology. The second part of the book outlines the sex information Dr. Baruch thinks a parent should give his child.

The behavior of adolescents often appears so strange that exasperated parents, teachers and the community at large frequently forget the teen-ager is very definitely a part of the human race. Dr. Baruch's book makes it abundantly clear that this strange person was a child only yesterday and will emerge an adult in the near future.

The book emphasizes that each adolescent recapitulates the same difficulties he experienced in his infancy and early childhood. The recrudescence of these problems gives the parent an opportunity to try to solve them now, and build a healthier, stronger personality. He ought to try to accept and respect his child's feelings and if possible bring out his suppressed feelings. In other words, the parent may act as a professional counselor or social worker.

It is difficult for this reviewer to see how parents who have never learned to recognize their own feelings and who may have spent the better part of a decade disregarding or repressing a considerable portion of their children's feelings can change their behavior, feelings and roles after reading this book. Indeed, most examples in the book show that a welcome change takes place only after parents or children have had individual counseling or group activity.

However, since Dr. Baruch's basic theory is sound, a parent can certainly benefit from reading the book. While he may not be able to follow the suggestions in every situation he may be able to improve his relationships if the trouble is not too severe, and he may draw considerable support for his conduct if Dr. Baruch's recommendations dovetail with his own code of behavior.

Understanding Boys, by Clarence G. Moser (New York, Association Press, 1953. 190p. \$2.50) is written for parents to help them understand the problems of boys and the facts about their growth. Our reviewer is Roy E. Dickerson, executive secretary of the Cincinnati Social Hygiene Society.

Drawing upon long and eminently successful experience in YMCA work with boys, a nationally known author has produced this guide for parents and friends of boys. It is a veritable encyclopedia for parents, teachers, religious leaders, club leaders and others responsible for or concerned with influencing a boy's development from infancy through adolescence.

While the book is not primarily in the social hygiene field it is noteworthy here for its very sound treatment of sex education, masturbation, the boy's need for understanding and accepting his sex role, and his attitudes at different ages toward girls. Much sound interpretation and advice about these and related aspects of a boy's development are well integrated in a mass of other material.

To this reviewer it seems very unfortunate that the author does not supply a brief bibliography. He analyzes well what should be done in social hygiene, but by referring to good books and pamphlets he could well have gone further in helping the reader with the problem of "how to do it."

Democracy in the Home, by Christine Beasley (New York, Association Press, 1954. 242p. \$3.50) applies democratic principles to home life and draws on actual experiences to illustrate these ideas. Our reviewer is Mrs. Corinne J. Grimsley of North Carolina's Agricultural Extension Service.

The most important place to practice the art of living at one's best is within the family. A happy, friendly home inoculates a family against worries and fears, and gives energy and courage for new and difficult experiences.

Christinc Beasley asks: "Is it possible to create in the American way of life a pattern for family living which will foster a larger measure of growth and satisfaction for all family members?" She answers in a positive way by suggesting that the family must have a belief in the dignity, value and uniqueness of each member of the family, and a willingness to accept the creative participation and cooperation of all if it is going to practice democratic family living.

Interestingly she compares successful families with others not living at their best, illustrating that attitudes are of vital importance. What the person is, she feels, has more influence on the family than what he says or does.

The author suggests practical means of dealing with situations and problems in families. She emphasizes teamwork as families plan, work, play and worship together. Of special interest to parents are the chapters on authority and discipline and on money.

The best place in the world to learn how to get along with other people is in one's own family. It isn't always easy, and like everything else worthwhile in life, it requires constant practice. "Democracy in the Home" is written for both parents and children, and all will profit by its practical suggestions for living together happily, successfully and creatively.

The Juvenile in Delinquent Society, by Milton L. Barron (New York, Knopf, 1954. 349p. \$5.00) is written by a Cornell University sociology professor and illustrated from engrovings by Hogarth. The reviewer is Judge J. Allan Crockett of Utah's Supreme Court.

The book's apt title underlines the main thesis: That society itself is responsible for the development of delinquency which it piously condemns as "antisocial" behavior.

The author has done a creditable job of treating the causes of the conduct of minors generally classified as bad from the viewpoint of public authority. He singles out life in the family as the "common denominator" uniformly found in the background of delinquency. He points out that it is not the physically insufficient home but the psychologically inadequate which is correlated with the feelings of insecurity and inferiority that motivate irrational extremes in behavior. A home broken by divorce or death, but knit together by mutual love

and common interests and objectives, is a better influence than the numerically intact family if emotional tensions and strife destroy unity.

It is no secret that the relationship between the child and his home and parents has far more to do with delinquency than any other factor . . . such as whether he lives in a slum, grows up in conflicting cultures, or has a high or low intelligence quotient. Professor Barron makes this point clear.

He writes interestingly and supports his conclusions with references to experiments, social studies and individual cases. His excellent book will appeal to both professional and lay readers who have more than a passing interest in social problems, and may also be used as a text.

The Mating Instinct, by Lorus J. and Margery J. Milne (Boston, Little, Brown, 1954. 243p. \$4.50) is a non-technical account of animal mating behavior that touches on biology, anatomy and sociology. Mrs. Fred McKinney, who wrote "A Parent Protests Against the Experts," reviews it.

It has been demonstrated recently that even the subject of sex can provide stupefyingly dull reading. Not so in this book. The authors, members of the faculty of the University of New Hampshire and widely-known lecturers, have produced a blithe discussion based on the thesis that "man can gain better perspective on the significance of sex by considering other animals as well as himself."

Pursuing this thesis, the Milnes have woven together the results of hundreds of painstaking studies of the mating behavior of animals. Although they warn against drawing parallels between animal and human behavior, they offer many piquant (but never sly) cues for the reader's inferences. Their scholarship is evident in the scope of their material, yet they are never stodgy, in the tradition of "scholarliness."

Pen-and-ink drawings by Olaus J. Murie add beauty and interest to the book. The text is packed with informative observations on the habits of insects, fish, birds and animals, all written in language the layman can comprehend, all adding to an intelligent understanding of the world around us and within us.

Guide to Community Action, by Mark S. Matthews (New York, Harper, 1954. 434p. \$4.00) is a source book for voluntary groups—including social hygiene societies and committees—who will find here ideas for community service programs in health and education, procedures for building community organizations and a treasure-house of sources for materials and guidance, in easy-to-find order. Social hygiene workers who welcomed ASHA's latest publication, Our Town, will find this more general guide a valuable supplement.

Psychology in the Nursery School, by Nelly Wolffheim (New York, Philosophical Library, 1953. 143p. \$3.75) is reviewed here by Dr. Peter B. Neubauer, director of the Council Child Development Center in New York City.

This is an absorbing book for all interested in psychoanalytic definitions related to child dévelopment. Aptly titled, the book describes situations from the viewpoint of psychoanalytic psychology more than psychology in education. This might be important for the reader to know, particularly if he is looking for special educational means to help him solve problems in nursery schools.

Chapters on erotically tinged friendships in early childhood and on the effects on community life of the relationships between brothers and sisters introduce psychoanalytic concepts and discuss these subjects from a psychological point of view. The chapters are very clearly presented and will foster a clear understanding of many aspects of nursery school life.

The book refers also to some controversial points of view, makes good reference to the literature, and will be very stimulating to those more advanced in the understanding of psychological motivation. I don't think it is meant to be an introduction, but rather will serve best those who are aware of theoretical formulations and who can view tolerantly some proposals which need to be substantiated in the future.

With these reservations, I feel this is a very stimulating book.

Know Yourself, by B. Y. Glassberg, M.D. (New York, Oxford, 1953. 70p. 50¢) should help teen-agers know more about their personalities. In St. Louis the author's radio program, Know Yourself, has served as a basis for the type of discussions public school teachers there have been encouraged to organize.

By talking out their problems and tensions under the guidance of a classroom teacher, tecn-agers understand more clearly their own emotions, the author believes. He discusses mental health, maturity, religion and the physiology of thought and emotion with an easy style and concludes each chapter with "Things to Do," suggestions for additional activities or supplementary reading.

Marriage for Moderns, by Henry A. Bowman (New York, McGraw-Hill, 1942, 1948, 1954. 562p. \$7.00) is revised once again to meet the changes occurring in American life and in students' attitudes. Dr. Bowman's purpose is to help the student develop a philosophy about marriage.

New sections on premarital sexual relations, natural childbirth, new types of anesthesia, and the religious significance of the wedding ceremony, and expanded material on marriage in the Armed Forces increase the value of this new edition of an old favorite.

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by Bob Ohl Journalist First Class United States Navy

Navymen: characters with character

Someone once said, "Character is that which, if you are one of, you haven't any of." The U. S. Navy is continuing proof that the statement is false, for nowhere can be found so many "characters" to the square inch, or as many men with character so deeply ingrained.

Every ship has its crew of "characters"—a boatswain who will linger in memories and sea stories for years to come, a division officer who was especially rough yet went right down to the finish line for his men, or possibly a seaman whose antics set him apart and at the same time drew the crew closer together. It's easy to become a "character"—a lot harder to become both a "character" and a man with character.

To be both, a man has to stick to a set of long-range rules and regulations. Not only the rules and regulations set down by the U. S. Navy, but also those handed down after standing the test of time. They are the rules of society, of



Ship's company intent on discussion

sportsmanship—they are the Golden Rule, the Ten Commandments, all the other basic teachings of the free world.

These are presented to youngsters during their formative years, sometimes with "Pop" administering a strong hand aft to prove his point. By the time a young man reaches the age of 18 or so, he's ready to leave home. Here's where the Navy enters the picture.

The rules still hold

While many go into business or professional fields, and others head for more education, approximately 150,000 enter the Navy each year.

What happens then? Do Navy regulations supersede the other rules that these young people have learned? Can the teachings of parents, schools and churches be stored during their time in service? The answer to both these questions is a definite and loud "No."

Recognizing this fact, the Navy has always tried—in addition to training and producing the world's finest fighting men—to make good citizens of all who pass through the rank and file. This used to be done on an informal basis in ships and stations, but recently a formal, organized program to promote good citizenship has been established.

In April of 1953 the Bureau of Naval Personnel, in terse military language,

issued an instruction to all ships and stations. It concerned the maintenance of moral standards and fell in line with a memorandum sent to each of the services by the Secretary of Defense.

The instruction directed flag officers, commanding officers and all subordinate officers to use every means to help maintain these standards. Petty officers were also given the word that they must share in this responsibility of leadership.

Letters and directives alone can't change a man's outlook on life nor can they serve as a protection against outside influences. Some definite type of program, the Navy decided, was needed which could reach every man in the Navy. At first glance that looked like a tremendous task. At second glance it looked impossible.

Since the impossible is something the Navy delights in doing immediately, the job of setting up such a program was begun at once. It has become known as character education and as such is well underway at all recruit training centers, at various service schools and on many ships and stations. Eventually it will be Navy-wide, reaching each man and officer.

The class takes over

The program has all the outward appearances of a course of instruction. The men meet in a classroom with an instructor. Yet, in the actual sense, it is not a course of instruction at all, but rather a series of group discussions, with no texts or examinations other than self-examination.

No one stands up in front of a class to dictate a line of thinking. The instructor, or more properly the "moderator," starts a controlled discussion and then merely serves as a guide while the men voice their own questions and find the answers.

Properly enough, the moderators are usually members of the Chaplain's Corps, although many other officers and petty officers serve as moderators.

One of the points stressed most in this program is that it is not religion or a substitute for religion. The chaplains play a big role in the program because they are trained to discuss the subject of moral and spiritual growth, the foundations on which the entire character education program is based.

"Moral and spiritual growth"—these words mean a lot and at first glance sound like a very personal matter. As personal, for example, as a diet. Something that is strictly the individual's own business. Harken back, however, to your childhood days. Remember how your folks kept you on a balanced diet even though you might have preferred a diet of ice cream and candy? By the time you had grown up to the point where you could have all the ice cream and candy you wanted, when the choice was up to you, the idea didn't have the appeal it would have had during your younger days. Possibly some few did go on ice cream and candy for a short while to satisfy a longing, but no one could exist long on these alone.



Tars and girls impress each other in New Zealand

Watching the moral and spiritual growth of an individual is similar to watching a balanced diet. Parents guide their children, explain right from wrong and generally serve as shock absorbers along the way. When the child has grown to the age where he leaves home, he is on his own.

The first taste of complete freedom may go to a person's head and cause him to let down the barriers, forget the rules and regulations of life, just as he might forget the rules and regulations of diet.

One of the prime aims of the Navy's character education program is to help young men and women to put a voluntary rein on themselves, to stop and think, to build for the future instead of confining their thoughts and actions only to the present. However, the program isn't limited to new men entering the Navy . . . it is also designed to serve as a reminder to older men whose ideals may have slipped a little or whose coat of shiny armor may have gotten a little rusty because of long exposure to salt water.

Designing a program to hold the interest of both the "boots" and the "salts" took a lot of thought and time. To aid the discussion leaders conducting the classes, a special guide book has been prepared. It sets the pace of the discussions and provides the topics for each class.

While this manual has proved invaluable it is not a textbook to be studied and digested. It is merely a starting point for the students. It is true that most of the discussions pretty much follow the outline of the book, but that is not a detriment—it points up the fact that a lot of good hard thinking was done by the men who prepared it.

They worked thoroughly, studied the results of other informal classes and as a result have generally been able to predict the chain of thought that will be provoked.

Take a look at the various topic heads. You don't need a formal class to get something out of the ideas presented. All it requires is a little—or a lot—of thinking.

- Let's Look Around is the first topic for discussion. In the first gettogether students are encouraged to take a check on the world, the United States and the U. S. Navy, to figure out, as much as possible, just what is wrong and where. Once that has been accomplished the big question of "Why?" arises. Almost invariably the classes arrive at the same conclusion—that individuals are more than just onlookers on the world situation, that people are a part of the problem as well as part of the solution.
- Once the students have placed themselves right in the middle of things, the class is rolling and it is time to move on to a closer look in *Let's Look at Me*. At this point each man is encouraged to find out just what he is—an animal, a number, an accident or a total person.

The importance of an individual, not only to himself but to his family, his friends and his shipmates is brought out into daylight and laid before the class. The men pick it up from there and find out just how the individual can exert a positive influence on life, how he can make significant progress in the service as well as build toward a better future.

• The future plays an important part in the next discussion which is headed, How Important Is What I Want? By weighing the deeds of today against the goals of tomorrow the class moves on to Which Way Am I Going? and Can I Learn to Take It?

These three topics are all tied closely together and point up the choices that face everyone during his life. Perhaps these three discussions are the most important of all. Here the Navyman gets a chance to compare his hopes and dreams with those of the other students. Airing his future plans—and hearing what his shipmates say a man should be to attain his ambitions—can bring about self-understanding faster than anything else.

• The remaining regular discussion is Let's Look at My Freedom. Here some of the liveliest discussions are generated. Once the smoke has cleared and the battle lines secured, the Navyman, often to his own surprise, finds that he has more freedom than he thought he had.

From the very beginning of the discussions to the end, the emphasis is on the individual, and that is the prime aim of the course. The moderator has his bookful of illustrations to arouse interest, and flannel-boards and movies to stimulate lagging classes . . . but the main feature of the whole program is to get the individual to stand on his own two legs and take part in the discussion.

If each of the students takes part in the discussions the course is a success. Either in a direct or indirect way, each will carry the germs of the ideas presented for the rest of his life. Once a man has been "inoculated," so to speak, he may spread the learning to others, both in and out of the service.

How effective?

It's a big program that may well produce untold results. Yet seldom, if ever, are the results of the tangible type that can be put down in black and white. Unlike physical growth there is no way to record moral and spiritual growth. It is an inner thing . . . its importance cannot be measured.

While it is hard to pin down a certain instance and say, "This is the result of the Navy's character education program," there are some indications the program is having an effect.



Home at last

One of the most rewarding has been the attitude of the men and women who have taken part. Questionnaires filled out at the end of the course have been enthusiastic. Many students have praised the discussion periods and told of the aid discussion has given them. A few have turned thumbs down on the program.

In one instance a Navy ship returned from the Mediterranean with an amazing set of statistics. During that cruise a character education program had been underway. In the previous trip there had been none.

The statistics showed that the VD rate was perceptibly lower and far fewer men had to be disciplined. The counseling load of the chaplains had increased and attendance at Catholic, Protestant and Jewish religious services had tripled, as compared with the figures of the trip made before the program got underway.

While these facts are indicative of headway, officials are loath to give the program all the credit. There are too many outside influences that can enter into the picture. It may have been that the majority of the crew were making the voyage for the second time, and they had learned the hard way the first trip. That could have a lot to do with the statistics. But without a doubt a good part of the credit did belong to character education.

In another instance, a service newspaper ran a story about a small ship which had not had a discipline case since instituting the character education program. Again, although this does show a trend, it does not mean that character education is the whole answer.

While the program isn't the answer to all problems, it is certainly a large step in the right direction if it can make people not only stop and think—but think, and when necessary, stop.

CREDITS

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William Freeman Snow - as a young man

by Walter Clarke, M.D.

In the animal house of Stanford University's experimental laboratorics a monkey died. A young instructor in hygiene named Bill Snow asked for and received the corpse, for a monkey's skeleton is useful in demonstrating the similarities and the differences between man and the other primates.

Now the preparation of a skeleton is normally a tedious task requiring hours of boiling, scraping and drying . . . but young Snow had no intention of following such a laborious procedure. He took the dead monkey out to the neighboring hills and buried it in an ant-hill. In six months the ants had removed every shred of tissue from the boncs, leaving a clean articulated skeleton that had only to be dug out, dusted off and hung up in the lecture room.

All through his career William Freeman Snow displayed a genius for getting others to work for him on useful projects. Himself a fiend for work—he was called "Driven Snow"—he set a pace his students and colleagues emulated because they, like the ants, enjoyed the work.

Many of the devices he used to accomplish difficult tasks were, like the preparation of the skeleton, traceable to his rural upbringing in the Sacramento Valley of California. His father kept a country general store and his uncle ran a farm nearby. Here Bill Snow—born in 1874 in Quincy, Ill.—grew up.

Even after three decades of life in metropolitan New York he still used western farm expressions and anecdotes in conversation . . . "pulling together in harness," "he got the bit in his teeth" and "nipping his teammates for slackening their traces."

One of his droll stories told of a hand on his uncle's farm who loved to see the train go thundering through the property. One day this yokel flagged the train to a stop on the farm. "What's the matter?" the excited conductor shouted. "Nuthin'," the hand replied. "Ain't nuthin' the matter fur's I know." "Well, why the hell'd you flag us down? Someone want to get on?" "Nope," said the hand. "But I thought maybe somebody'd like to get off. Mighty purty round here."

Snow went to high school in Oakland, Calif., and then on to Stanford. He was in the class of 1896, one of the earliest to graduate from the new university. David Starr Jordan, the great biologist, was president. Those were exciting days at the struggling school. After the death of Leland Stanford, the founder,

Three Stanford students—Ray Wilbur, Herb Hoover and Bill Snow—were close friends in college days and remained devoted to each other throughout their lives. Wilbur became president of Stanford University, Hoover became president of the United States, and Snow led a welfare movement that made his name known in public health circles throughout the world.

the university was frequently in financial difficulties because the Stanford estate was tied up in litigation. On more than one occasion, it is said, Mrs. Stanford pawned her jewelry as security for loans to pay faculty salaries.

After taking a master's degree at Stanford in 1897 young Snow went to Cooper Medical College, which later became Stanford's medical school. As a student he demonstrated his ability as an organizer by helping to create the Students Guild, one of the first in the country to provide medical and health care for students.

It was but natural that he would be asked, after he was graduated with an M.D. in 1900, to join the university's staff as director of the student health service. Responsible for the general medical care of the students, he was soon teaching them how to guard their health, and in 1902 was appointed an assistant professor of hygiene. Promotions followed until in 1909 he was appointed to a full professorship in hygiene and public health.

During this period he carried on a private practice limited to the eye and ear.

So Snow entered upon his first career as a member of Stanford's faculty. Teaching, he always said, was the work he enjoyed most. He continued as long as he lived to teach as an occasional lecturer at Columbia, New York University and other institutions. For a short time he planned to become an ophthalmologist and even studied this specialty at Johns Hopkins in 1901–02. But after he had given up all thought of ophthalmology and throughout his career as a public health leader, he planned at long last to return to Stanford as a teacher. It was his extraordinary success as an instructor that opened the doors to a career in public health.

Just as Snow saw that his students needed information to enable them to cooperate in protecting their own health so he realized the public required simple facts about preventing disease to guide them in protecting community health. To give practical effect to this idea Snow obtained an old railroad coach, and with the help of his father and his students he fitted it out as a mobile health exhibit. He persuaded the railroad to haul the coach about the state.

He and various students accompanied and demonstrated the exhibits. The old coach went from end to end of the state, visiting hundreds of communities,

spreading the message of health to hundreds of thousands of Californians. This was one of the first and most successful mobile health education units in the United States. It led to the next step in Snow's career.

While teaching hygiene and public health at Stanford he had served as a volunteer epidemiologist for the State Board of Health. When the board was reorganized in 1909 Snow was drafted to be its secretary and executive officer. Although he still taught at Stanford he threw himself into the new work with such energy and effectiveness that California's spurt of health activities attracted attention throughout the country. People began to ask, "Who is this young fellow out in California who is doing so much with health education and new laboratory methods and modern epidemiology?"

"Why, that's a man named Snow. He's full of new ideas. And he's a demon for work and for getting other people to work." (Then, like as not, the ant story would come out.) He became a national figure among public health administrators, and in 1912, at the age of 38, he was elected president of the Association of State and Provincial Boards of Health.

That same year his Board of Health sent Snow abroad to study public health methods in Great Britain and on the continent. He deeply impressed his foreign colleagues. Sir Arthur Newsholm, for example, then health officer of the London County Council (predecessor of the British Ministry of Health), recalled many years later how he and Snow had talked all night about the control of bubonic plague.

"Busted" by a subway entrance

Late one night in London far from his hotel Snow discovered that his wallet had been stolen. He had not even two cents for subway fare back to Piccadilly Circus and it was too far to walk. He hung about a subway entrance trying to decide what to do, slightly worried lest a bobby think him a suspicious character and pick him up.

A cab drew up to the subway station and out stepped a gentleman who spoke unmistakably American English as he settled with his cabby. Snow hovered about until the fare was paid, then very apologetically asked the stranger for tuppence for subway fare. The other stared at him in amazement for a moment and then began to laugh uproariously.

"Well, I'll be hanged, if it isn't Snow! All the way from California and busted in London. How'd you lose your money—drink and women? Wait till I tell this back in the States." He laughed so much it was a long time before he could identify himself—while Snow looked anxiously about, realizing his compatriot was causing quite a scene. At last the hilarious American managed

. to say, "You don't know me, but I heard you read a paper in Washington not long ago. I'd know your bald head and er—generously proportioned nose and mouth anywhere!"

Seizing Snow by the arm he pulled him into the still-waiting cab, whose driver was amused by the scene, and took him to his hotel. The fact that Snow was, as all his acquaintances knew, a total abstainer and as pure in his relations with women as his name implied made this episode the more ridiculous. Dr. Snow always enjoyed telling this story of his first visit to London.

Once one met Snow one did not easily forget him. He was short—not more than five feet four or five—and as he grew older he became plump. His cheerful manner and brisk movements reminded some of his friends of a robin. But he



William Freeman Snow, M.D.

had none of the swagger so frequently seen in men of below-average height. On the contrary he had an extremely modest, almost apologetic manner. In meeting people he expressed himself in a gracious and complimentary way that implied Snow felt it a great privilege to make their acquaintance.

He was formidable in debate. When an important point was at issue he would entice his opponent to accept some ostensibly innocent statement of fact or theory apparently quite unrelated to the matter under discussion. Then he would lead him step by step back to the point at issue when it would appear that his opponent had accepted the whole of Snow's view. This process confused and infuriated some people just as it did those who argued with Socrates.

In the vast majority of cases, however, Snow's maneuvers in a discussion were so adroit the "victim" was made to feel he himself had given birth to a bright new idea and had convinced Snow of its value. Throughout his career Snow employed this method in winning the assistance of outstanding men and women. While explaining some tough problem—most of his problems were tough—Snow would insinuate the solution into the mind of the person whose "advice" he had sought. Soon the adviser would bring it out as his own and Snow would have a torchbearer who would work hard for his own idea—and for Snow's project.

That he enjoyed these mental exercises was indicated by the fact that he often played the cat-and-mouse game, as his colleagues called it, just to sharpen his—and their—wits.

But the flattering and self-deprecatory exterior Snow presented to the world did not hide any sense of inferiority or lack of confidence, as anyone who attempted to push him around quickly learned. He was a tough fighter with staying powers well beyond those of most opponents and a mentality that ran circles around all but the most brilliant minds.

Unexcelled in committee and other group discussion, Snow was not an effective public speaker. He could write a first-class speech, but when he read it he could not be heard. His voice, pleasant and adequate in conversation, was lost in a large auditorium. If he attempted an extemporaneous address the complexity of his thought confused his audience and left them baffled as to his meaning.

A canny tactician

Snow's many articles and reports were admirably done, but in dealing with any controversial subject he always qualified his statements with escape clauses by which he avoided the appearance of dogmatism. As one old friend chidingly told him, "You always keep open a way of retreat."

Few men could exercise the self-control and patience Snow exhibited when the rewards for persistence were high. Early in World War I when, a major in the Army medical corps, he was steadily pushing forward his revolutionary plan for venereal disease control, his colonel gave him a tongue-lashing which went on for nearly an hour.

"You're in the Army now, Snow, not messing about with half-wit civilians," shouted the colonel, "and by God, you'll do things the Army way—or else! Understand?"

"Yes, sir," said Snow, who had stood at respectful attention throughout the tirade. When the colonel had quite finished Major Snow said briskly, "Now, sir, if I could just get your opinion on this problem," and he proceeded in his usual manner to present the problem and to instill the right solution into the colonel's mind so skillfully the senior officer was soon telling Snow emphatically to do just what the major had already determined should be done.

One of Snow's assistants present at this and many similar interviews, remarked to a colleague, "Poor Colonel X! He's no match for Snow! In a month he'll think he invented the VD control program all by himself and will be its loudest advocate." When something of this sort was said to Snow he always smiled and remarked innocently, "Why, I thought the colonel was very helpful."

His gracious, friendly personality and his loyalty and unselfishness won him hosts of friends. He bound these to him with innumerable acts of kindness and consideration, so much that men stuck to him in his undertakings often at considerable personal sacrifice. From this arose the saying, "Once a Snow man, always a Snow man." Young men and women who became associated with him in the first World War remained associated through the long years while they and Snow grew old together.

It was obvious to all who came in contact with him that Snow was entirely unselfish in his devotion to human welfare. He asked nothing for himself . . . but he never hesitated to ask and expect much for the common good. This was the key to his great influence with members of Congress. It was a pleasant surprise to many a senator and representative to talk with a modest, unassuming man who pleaded eloquently for more and better welfare services but who remained always in the background asking and accepting nothing for himself. The greater the statesman, the more he respected and trusted Snow. Such men as Borah, Norris, the La Follettes senior and junior, Taft and Vandenburg were his friends. No one more than Snow was responsible for Congressional support of official programs for venereal disease control and social protection.

At about the time Snow became executive officer of the California Board of Health, Dr. Prince A. Morrow of New York began to make an impression in California. Morrow was pressing for public health measures against the venereal diseases, for the repression of prostitution, for a single standard of sex morals and for a scientific attitude toward all sex problems.

He advocated early marriage as one approach to the personal problems of young people experiencing difficulties in controlling sexual hunger. Now early marriage was one of Snow's cherished ideas, and his own experience confirmed his belief that where possible early marriage was desirable . . . he had married in 1899 while still a student at Cooper Medical College. His wife was Blanche Boring, one of the daughters of a fine Palo Alto family and his fellow student at Stanford.

Everyone who has known Mrs. Snow has recognized that she is one of those rare and beautiful personalities who inspire devotion. She was Snow's inspiration, his source of courage in difficult times, his best counselor, constructive critic and gay companion. Snow often remarked that he depended more on

Snow had a lively sense of humor, told a story well and enjoyed wit and comedy enormously . . . but he rarely laughed. A grin and a chuckle was his reaction to a joke. In fact, a smile usually played about Snow's mouth and his eyes had a merry twinkle.

Mrs. Snow's judgment and advice than on that of any other person. He cleared all his writing with her and accepted her suggestions as to form and content. Mrs. Snow possesses the intelligence, charm and vivacity that made her a stimulating partner in all their adventures together.

And adventures is the right word for their outlook on life . . . which was to them a wonderful, exciting experience from the time they were married (as Snow said, on a shoestring) through their camping trips in the Sierras, their work in the young university, their journeys abroad, their raising of two fine sons, their enjoyment of their grandchildren, music and drama, their farm in Mainc, where family and friends found gracious hospitality, their home in New York on Riverside Drive overlooking the Hudson, which they never tired of watching in its seasonal moods with all kinds of craft plodding or scurrying over its surface and the Palisades towering like a theatrical backdrop on the west bank.

Theirs was a fine example of the kind of family life they hoped education might in time help others to enjoy.

Morrow's influence

Both Snow's ideas about marriage and family life and his progressive outlook as a public health administrator led him to study carefully Morrow's revolutionary proposals. One result was the adoption by the California Board of Health of Morrow's suggestion that venereal diseases should be made reportable, like other communicable diseases, to the health authority. California was the first state to take such action.

Another result of Snow's interest was the establishment of a California Society for the Study of Venereal Diseases, in accordance with Morrow's recommendation that state and local societies should be set up to promote public understanding of sex problems.

A third result was that Snow entered into correspondence and personal contact with the leaders of the new movement in the East—Dr. Morrow, President Eliot of Harvard, Dr. Hooker of Johns Hopkins and others who were planning an effective national organization to promote a broad educational program.

President Eliot and John D. Rockefeller, Jr., took an active part in the proceedings. The new organization resulting from the merger was named the American Social Hygiene Association, and Dr. Eliot was elected its first president. At the urging of President Eliot and Mr. Rockefeller, Snow accepted the full-time post of general secretary.



Walter Clarke, M.D.—ASHA's executive director emeritus. Former Fulbright professor at the University of the Philippines and clinical professor of public health at Harvard.

The officers of the two national societies interested in this field of health and welfare—the American Federation for Sex Hygiene and the American Vigilance Association—called a meeting in Buffalo in December, 1913. There they proposed to merge and consolidate the resources of their two organizations and to create a new and stronger national agency. Encouraged by President Jordan, an officer of the American Vigilance Association, Snow attended.

The Snows take up the challenge

This took courage on the part of Dr. and Mrs. Snow. The new agency had no firm financial backing—although Mr. Rockefeller's active interest gave ample reason for optimism. It was entering an unknown field to cope with one of the most difficult of human problems. Many of the proposals advanced by Morrow and others were as yet unpopular. And the whole subject was taboo.

On the other hand, Snow and his family loved California and enjoyed life in the academic circle at Stanford. There he had prestige and security. But they also saw the broader opportunity for service and for personal growth and development offered by the American Social Hygiene Association. And as already noted, Snow and his wife looked on life as a great adventure.

But with characteristic caution, Snow kept open a path of escape in case the new organization blew up. He resigned from the California Board of Health, but he asked for and was given a leave of absence from the Stanford faculty . . . and this leave was renewed by the university each year until 1920 when Snow ceased to be technically a member of the faculty.

Snow moved to New York early in 1914 and began a new chapter in his life story. In the years that followed there were a few times when Snow felt momentarily that perhaps he had made a mistake in leaving California. But toward the end of his life, as he looked back from his position of eminence and universal respect, he was glad he and Mrs. Snow had followed where their "far illusive dream" led them.

"As a danger to the public health, as a peril to the family, as a menace to the vitality, health and physical progress of the race, the venereal diseases are justly regarded as the greatest of modern plagues and their prophylaxis the most stressing problem of preventive medicine. They are a prime cause of physical and mental disability and reduced economic efficiency."

Although this statement—made in 1935 by Dr. Milton J. Rosenau in his *Preventive Medicine and Hygiene*—may be subject to some revision today, it is in essence as true now as it was then. A review of Michigan's progress in VD control shows that despite major accomplishments VD remains a real problem of current as well as historical interest, and indicates the increasing importance of the private physician's role in VD control.

All concerned have cause to feel a real sense of accomplishment in recent reductions in the reported incidence of syphilis. In spite of mobilization during the Korean conflict, VD rates have declined consistently since the end of World War II. But lest we begin to feel too confident and become complacent we must now look to where we stand in the control of the venereal diseases.

Reports show a decline in primary and secondary syphilis in Michigan from a peak rate of 79 per 100,000 in 1946 to 2.3 per 100,000 in 1953. Total syphilis cases declined from a peak of 321 per 100,000 in 1944 to 82 per 100,000 in 1953. These figures indicate real progress.

Gonorrhea reports—probably much more incomplete than syphilis—show an apparent reduction in the incidence rate (from 231 per 100,000 in 1945 to 128 per 100,000 in 1953) which leaves much to be desired.

Still a threat

A major concern, however, is the sense of false security our successful efforts seem to have inspired among both the medical profession and the public. There are at present no immunizing agents for syphilis or gonorrhea, nor do we see evidence of any new social or moral trends which will eliminate opportunities for spreading these diseases. In Michigan, as in the rest of the country, the venereal diseases still are major public health problems as evidenced by the number of reported cases. In 1951 gonorrhea ranked fourth and syphilis sixth in Michigan's list of reportable communicable diseases. Together the two diseases total more cases than all other reported communicable diseases of adults combined . . . and this number of reported cases must be considered the minimum incidence of both diseases.

Further study of the Michigan health department's morbidity data by stage of disease shows that although there was about as much early latent syphilis as primary and secondary syphilis in 1946, by 1953 there was almost seven times as much. In 1946 there was about one and a half times as much reported late latent syphilis as early latent, and by 1953 there was almost three times as much. This indicates missed cases of early infectious syphilis . . . or at least failure to report such cases.

In 1941 private physicians reported 55% of the known syphilis in Michigan . . . in 1952, 54%. In 1941 they reported 47% of the total gonorrhea . . . in 1952, only 22%. Many studies under controlled conditions in the military services have shown gonorrhea to be four to eight times as prevalent as syphilis . . . yet private physicians report more than twice as many cases of syphilis as of gonorrhea.

We have found that 25% to 27% of the individuals applying for special medical dispensation for marriage (as required by Michigan's premarital examination law) whose blood-test was positive had not previously been reported. About 23% of our syphilis morbidity reports from private physicians come in only after we make a special effort to get them . . . by writing, phoning or calling on the doctors.

In fiscal 1952, of 4,095 suspect epidemiological reports on positive blood specimens sent by private physicians to our state laboratories, the physicians diagnosed and reported as infected only 18% (727 cases). Even after making a special effort we were unable to get anything further on 22% (876 cases) of the 4,095. If we assume the percentage infected (18%) is the same in the 876, not reported as in the total, at least 157 cases were probably lost that year because their doctors failed to report the cases or to follow up those whose blood-tests were positive.

Since many private laboratories do not report their positive findings it was not possible to estimate them. It is possible a similarly large group of suspected cases were lost in this way also.

Is the decline in the reported incidence of VD real or just apparent?



John A. Cowan, M.D.—Michigan health department's tuberculosis and adult health director. A University of Minnesota graduate, he at one time served the North Dakota and Oklahoma health departments.

A real decline can be proved only by an equal or greater number of diagnoses which result in a smaller number of cases diagnosed as positive. Reports from Michigan's public VD clinics give considerable evidence of a real decline in syphilis . . . although diagnostic examinations for syphilis have doubled, the percentage found to be infected has decreased two-thirds. The figures do not evidence a real decline of gonorrhea.

We have, of course, no way of ascertaining the total number of diagnostic examinations made by private physicians.

Just why is there a need for better reporting of the venereal diseases? There are four reasons why the reporting of any communicable disease is important:

- To show where, when and under what conditions the disease is occurring.
- To prevent minor epidemics by controlling the source and spread of contacts.
- To enable us to evaluate progress in control.
- To make it possible for us to analyze VD morbidity and mortality and study some of the social and economic factors involved.

What are the future needs in the control of venereal disease? There are two major responsibilities:

- Controlling the spread of the diseases.
- Preventing the late manifestations and catastrophic results of untreated syphilis.

Towards less specialization

Since World War II we have changed gradually from a specialized VD control program to a generalized program. At the beginning and during the war VD control became a public health specialty. Workers trained in the specialty were assigned to states and communities. The results were notable . . . the large-scale attack by trained specialists paid off.

But perhaps a review of the program will show we were too specialized. Our specialists were equipped for and permitted to work only in VD control. Our funds were for use only in VD control.

Today we have lost a substantial part of the funds necessary to continue the fight against the venereal diseases. Funds have not and probably will not

become available on the state and local levels to continue the use of VD specialists. There is small chance that local health departments will appropriate funds for new positions and replacements to concentrate on VD alone. There is little chance of selling trainees a future in VD exclusively even if funds were available. The training of new personnel to work in VD must include other public health aspects so that a public health career may be more appealing. Since there is a rapid turnover in public health personnel we have a continuous responsibility to train new persons.

Incidence and prevalence figures since 1946 indicate a leveling-off of the problem in Michigan. We have made necessary plans to hold the line in VD control, to maintain present gains. With reductions in funds and specialized personnel placing automatic restrictions upon us, we have little hope of continuing intensive case-finding. It seems to us that the most important decisions to reach are those providing control at a maintenance level.

To maintain an adequate venereal disease control program we must emphasize epidemiology, education and vigilance.

Epidemiology

Our most economical and efficient method of case-finding is still contactinterviewing and investigation. A decrease in funds has caused a corresponding decrease in the availability of those specially trained persons for these jobs.

Realizing the change from a specialized to a generalized program of VD control was coming soon, we began last year to offer an intensive course in the newer techniques of interviewing and investigation . . . 60 public health nurses from Michigan's local health departments have attended a one-week course in Detroit's social hygiene clinic. The course stressed the medical as well as epidemiological aspects of VD control. Since there is a constant turnover in nursing personnel we feel this training should be offered each year.

Results of premarital blood tests performed at the Michigan health department's main laboratory at Lansing

Years	ı	No. of tests	No. positive or doubtful	% positive or doubtful	Rate per 1,000
1948	_	25,455	289	1.14	11.4
1949	_	22,665	222	.98	9.8
1950	_	21,430	255	1.19	11.9
1951	_	19,067	121	.63	6.3
1952		18,356	201	1.10	11.0
Totals	(5 yrs.)	106,973	1,088	1.02	10.2

		No. of persons married positive or doubtf in Michigan premarital blood					
1948	_	123,972	1,413				
1949	_	106,218	1,041				
1950	_	116,360	1,385				
1951	_	106,822	673				
1952	_	100,974	1,110				
Totals (5	yrs.)	554,346	5,622				

We plan to expand our use of already trained VD investigators so they can function in other fields of epidemiology. For several years the state has assigned workers to both tuberculosis and VD case-finding. Where local funds for VD control are insufficient for full-time VD services other funds may be available to employ a person in general epidemiology. Demonstration projects in local health departments are under way to test the effectiveness of lay epidemiologists in fields other than VD and tuberculosis.

We shall make a continuous effort to channel information about VD to private physicians and the public. Our syphilologists will continue to be available to private physicians for consultation on diagnosis and treatment. State consultant services to local areas must also remain part of our program.

Our premarital and prenatal laws will continue in force. They have a definite educational value as well as a function in finding VD and preventing its spread among young people. That they still find unknown syphilis is evident: from

Of 1,088 positive or doubtful premarital blood tests performed at the Michigan health department's main laboratory at Lansing,

322 were new cases reported for the first time.

Breakdown for 322

	No. of positiv	ve or doubtful tests	new syphilis cases					
			Primary	21				
1948	_	289	Secondary	13				
1949	_	222	Early latent	81				
1950	_	255	Late latent	110				
1951	_	121	Other late unknown	84				
1952	_	201	Congenital	13				
Totals	(5 yrs.)	1,088	Total	322				

1948 to 1952 we found 322 previously unknown cases of syphilis as a direct consequence of our state's premarital law, out of 106,973 blood-tests at our main laboratory (which runs about 20% of the premarital blood-tests performed in Michigan). In the same period the positive and doubtful rate was 10.2 per 1,000 and we estimate 5,622 persons in the state had positive or doubtful premarital blood-tests.

The need for good public diagnostic and treatment clinics is obvious. They must continue to produce "satisfied customers," our best educators.

Drugs for treating VD will continue to be available to private physicians and public clinics.

It may be necessary to offer other services in the VD clinics in order to get sufficient funds to maintain needed diagnostic and treatment services for adequate venereal disease control.

Dr. Gerald J. Gruman points out in the June, 1953, issue of *Public Health Reports* what can be done in a VD control center through preventive medicine. He reports that in two months of routine operation the Kentucky Prevention and Control Center's examination of 259 patients revealed the presence of neglected nonvenereal conditions in 50 patients (19%). These men, women and children were referred to private practitioners of their own choice or to public health facilities because of suspicion of cancer, urologic, psychiatric, skin, eye, gynecological and neurological conditions, problems of vocational rehabilitation and other nonvenereal health needs. The Center gave each patient (other than those diagnosed as having gonorrhea) a thorough physical examination, including a funduscopic examination; breast, pelvic and rectal examinations in all women; and rectal examination in all men over 40.

The last paragraph of Dr. Gruman's article is particularly impressive and seems important for us to consider if we are to continue adequate VD maintenance control:

"The reporting of these patients with our letters of referral is creating an increased feeling of good will among the private practitioners toward the venereal disease clinic. Also, the appearance of the patient with his letter is a means of acquainting the private physicians and the community health and welfare personnel with the fact that a venereal disease clinic exists and performs various important functions. Thus, by carrying on a preventive medicine screening program in a systematic manner, a specialized clinic is helping to create that organic network of interrelated services and that climate of good will and cooperation so necessary to the community's public health system."

It seems logical that the present large venereal disease clinics could be modified to serve as multiple-screening clinics.

Vigilance

The success of any venereal disease control program also depends on four factors:

- Public health officers must constantly collect and analyze statistical data so as to be able to recognize localized epidemics and control foci of infectious venercal disease.
- We must make the public constantly aware of the problems remaining in VD control.
- There must be a continuous flow of articles to medical and other technical journals so that physicians, nurses and technicians can be kept abreast of progress in the diagnosis, treatment and control of the venereal diseases.
- The public must receive continuous information through various educational aids about the importance of seeking early and proper diagnosis and treatment.

To alert ourselves and others to the problem at hand, we are planning to perform selective blood-testing in certain areas to obtain a sufficient statistical number for evaluation and also to evaluate the number of diagnostic observations in terms of the number of VD cases we find. We further plan to review local health department procedures in obtaining early syphilis and gonorrhea contacts from clinics and private physicians and in investigating these contacts.

This study will enable us to determine where our concentrated efforts will produce the most effective control. By continuous scrutiny of local areas, we can quickly bring epidemics under control whenever and wherever they occur.

Summary

The decline in the reported incidence of syphilis has been one of the most dramatic episodes in modern epidemiology. Michigan's reports show that primary and secondary syphilis declined from a peak rate of 79 per 100,000 in 1946 to 2.3 per 100,000 in 1953. Total syphilis cases declined from a peak of 321 per 100,000 in 1944 to 32 per 100,000 in 1953. Reporting of gonorrhea is probably much more incomplete than that of syphilis. The apparent reduction in the incidence rate of reported gonorrhea—from 231 per 100,000 in 1945 to 123 per 100,000 in 1953—leaves much to be desired.



She keeps up
with new
methods of
VD control.

Other criteria used to measure progress in the control of syphilis (mortality, infant mortality, and psychoses due to syphilis) would indicate very satisfactory results have been achieved . . . but "no communicable disease has ever been controlled by treatment alone" is an adage in epidemiology.

VD control is rapidly becoming a problem of the private physician rather than the public clinic. This trend is good and should be encouraged. It also places a responsibility on the physician. It will be imperative for him to do more than simply diagnose and treat the patient. To break the chain of infection it will be necessary for him to see that the patient is interviewed for contacts and that these contacts are examined. He will report each case he finds so that we can evaluate the extent of our VD problem and the success of our control measures.

If we are to maintain satisfactory progress we require the private physician's active interest and his best efforts.

Yearly incidence of selected diseases in Idaho Rate per 100,000 Population

			Syphilis			
			and	Polio-	Tuber-	Whooping
Year	Syphilis	Gonorrhea	gonorrhea	myelitis	culosis	cough
1947	116.97	108.16	263.13	71.15	25.89	98.96
1948	86.98	89.43	176:41	23.01	45.84	54.52
1949	30.30	52.56	82.87	85.38	40.01	23.60
1950	33.46	58.10	91.56	27.35	31.42	118.91
1951	32.02	54.26	86.29	23.89	39.32	48.45
1952	32.08	65.14	97.22	57.48	37.45	12.53
1953	34.18	53.86	88.05	55.63	36.93	13.38
Average						
Rate						
since 1948	32.40	56.74	89.19	49.94	37.02	43.37

Idaho studies its VD control program

by James L. Houser and Stanley J. Leland, M.D.

The federal government has curtailed to some extent its financial support of state-operated venereal disease case-finding and control programs for fiscal 1954–1955, prompting an evaluation of the program in Idaho.

We asked ourselves whether it is economically justifiable to continue the venereal disease control program as it is now operated. Those of us in preventive medicine maintain we cannot afford to discontinue or curtail it.

First, let us summarize briefly the present program, its costs and results.

In 1945, when concentrated effort toward control began, a rapid treatment center was established. Control measures, soon instituted, were fully in operation by 1947 when case-finding discovered 1,456 venereal disease patients . . . 868 with syphilis, 588 with gonorrhea. In 1949 the rapid treatment center was discontinued and the present program instituted.

Idaho's present VD control system is so progressive and has worked so well that two other states have emulated it. Diagnosis and treatment is conducted by 60 contract physicians in private practice far from health centers; five district health units handle the cases within commuting distance of their headquarters.

The 60 contract physicians have an agreement with the Idaho Department of Public Health to diagnose, treat and report venereal disease cases, and to continue post-treatment observation. Each clinical record they submit is reviewed by the division of preventive medicine. Health department personnel interview the venereally diseased patients. When a contract physician diagnoses a case of primary or secondary syphilis, he reports immediately by telephone to the nearest district health unit or directly to the division. A field representative reports to the physician's office at the earliest possible moment and the physician arranges an interview with the patient, almost always on the day the field representative arrives.

A formal morbidity report issued by the doctor at the time a case is diagnosed informs the division of preventive medicine of latent and other types of syphilis. This information, together with other necessary facts, goes—as a special report—to the field representative, who consults the physician as well as the patient and begins investigating the source and spread of the disease.

Case-finding and contact-tracing are not entirely dependent upon the physician's case report. Investigators follow up all positive serological tests reported by our central and branch laboratories and interview the family contacts of deceased persons whenever the death certificate lists syphilis as a cause. In addition, when permitted to do so these workers check cases reported by private physicians not on contract.

We found cases

During 1952 our field representatives investigated 1,136 venereal disease contacts in Idaho's 44 counties. (They traveled 73,466 miles.) Their efforts disclosed 608 cases of venereal disease—197 syphilis, 400 gonorrhea, 11 chancroid.

In addition, our five district health units completed 5,693 observations of individuals reporting to their VD clinics who were not referred by physicians. Approximately 54% came to the clinic for the blood-test required of all food-handlers.

In 1953, our increased cases demanded 74,065 miles of travel and 6,070 observations. Our workers personally contacted 1,165 persons because they had positive or doubtful blood-tests or because they appeared to be contacts of known cases. As a result, 333 cases of gonorrhea, 240 cases of syphilis and 12 cases of chancroid were diagnosed—a total of 585 cases found and treated during 1953.

The cost was estimated at \$25,000. This includes fees to the contract physicians, reimbursement to them for medicines, and salaries, mileage and travel expenses for field representatives, clinical help, supplies used in diagnosis and treatment, and hospitalization for two cases of congenital syphilis with interstitial keratitis.

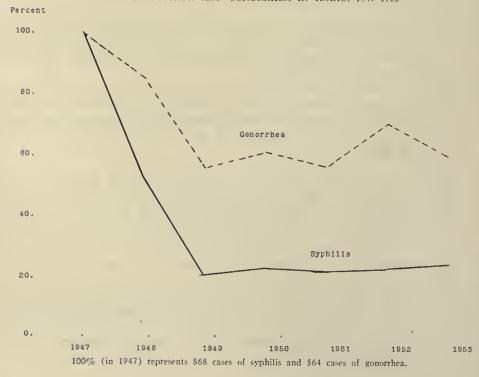
SYPHILIS CASES, BY AGE GROUP, IDAHO: 1947-1953

	TOTAL	0-4	5-9	10- 14	15- 19	20- 24	25- 29	30- 34	35- 39	40- 44	45- 49	60-	65- 69	60-	65- Over	Age Not Stated		
1947	664	13		4		134	134	106	113	64	65	39	19	20	17	66		
1946	467	4	4	11	32	67	61	60	46	33	36	29	18	21	16	29		
1949	177	-	1	7	12	21	9	23	13	24	16	11	11	9	7	14		
	1	_		•	10	10	24	7.0	10	10	10	14	16	13	16	14		
	193									18	17	10	12	13	16	9		
1962						12					17	9	8	11	26	20		
1963	212	-	-	1	7	20	16	13	21	23	13	22	16	21	21	18		

GONORRHEA CASES, BY AGE GROUP, IDAHO: 1947-1953

	TOTAL	0-4	5-9	10-	15- 19	20- 24	25- 29	30- 34	35~ 39	40-	46-	60- 64	66-	60~ 64	65- Over	Age Not Stated
947	646	1	1	6	91	189	106	58	26	17	9	6	2	3	-	33
948	477	-	1	6	98	167	82	62	21	17	10	6	2	1	2	13
94.9	290	1	1	6	56	98	64	26	10	6	4	-	1	1	2	16
950	341	7	¥	Z	69	102	77	4.9	19	6	7	6	1	1	1	12
961	327	-	-	4	77	93	60	35	25	6	6	6	2	-	-	10
952	400	-	1	1	70	146	78	48	20	11	2	3	2	1	-	22
953	334	-	4	3	62	108	76	31	19	12	5	6	1	1	-	8

DECLINE OF SYPHILIS AND GONORRHEA IN IDAHO, 1947-1953



Is it financially sound to spend \$25,000 to locate, diagnose and treat 585 cases of venereal disease? What would be the alternative? We are convinced the present program could not be handled more cheaply.

If the 333 cases of gonorrhea had gone undiscovered, how many additional persons would have become infected? And how many of these cases would have developed complications where major surgery and prolonged hospitalization would have been necessary?

Of the 240 cases of syphilis treated, 34 had active neuro or central nervous system syphilis . . . if not discovered and adequately treated, 34 individuals would have become candidates for our state mental institutions. Had they gone untreated, at least 3% to 5% of the cases in other stages of the disease could have been expected to become mental patients.

According to hospital authorities, it costs about \$150 a month to hospitalize each mental case in the State Hospital South at Blackfoot . . . \$1,800 a year. The 34 active neurosyphilis cases we discovered during 1953 would have cost Idaho \$61,200 a year. The hospital estimates that each patient admitted because of such a condition remains an average of ten years. Thus, the total cost of hospitalizing the cases discovered in this one year would have amounted to \$612,000 if they were treated throughout this average hospital stay.

In short, if we found, diagnosed and treated only one case of active neuro-syphilis a year, Idaho.would save \$18,000... enough to pay more than half the cost of the year's venereal disease control program.

The facts

How does actual experience compare with the potential situation? Due to the concentrated efforts of our program, only three admissions were made to the State Hospital South in 1952 for psychosis due to syphilis, and four in 1953.

The graph opposite shows our success in lessening the incidence of venereal disease in Idaho and keeping it down. Note that when the case-finding program was comparatively new it reaped its largest results, with the peak in 1947. The progressively lower figures each year since reflect the success of case-finding

Stanley J. Leland, M.D.—Director of preventive medicine for Idaho's public health department. Formerly chief medical officer of UNRRA's China program and director of the Liberian Foundation.



If the progrom were moterially curtoiled, it would be only a short time until this curve would begin to go up again. Five years of maintenance control is not long enough to affect the customs or habits of the people. Not only are the educational efforts of too short duration to have had a material, losting effect, but they do not reach the younger generations always coming into maturity. Our records reveal that younger groups predominated in 1946, 1947 and 1948 . . . in 1951, 1952 and 1953 the larger number of cases of syphilis shows up among the older groups.

and treatment. In 1949 we established a base-line with a plateau which may be expected to be the continuing maintenance level so long as a vigorous program continues, with only 24.4% of the syphilis which prevailed before these measures were in force.

Tuberculosis is a problem in Idaho, and control measures are necessary to combat it. Yet venereal disease, which can be far more contagious, has attacked more than twice as many of our people. From 1949 through 1953 we had an average tuberculosis rate of 37 per 100,000; the venereal disease rate was 89 per 100,000. In the same years, poliomyelitis averaged about 50, and whooping cough (including one so-called epidemic) was 43. Downward trends of some of these diseases were evident during the five years, but each disease represents a constant epidemic danger when control measures are lessened.

Spokesmen for the Public Health Service have asserted that Idaho is the first state in the country to control venereal disease satisfactorily with the cooperation of contract physicians. They declared this system is an important step toward returning the treatment of venereal disease to the private physician. It is our opinion that all states with a predominantly rural population, including those in the former high-incidence areas in the South, must eventually adopt programs similar to ours.

The original and proved contract program should be continued, if only as a demonstration and research project for Idaho and the many other states which will one day adopt comparable programs. However, skilled epidemiological services must backstop the outpatient program in the private physician's office. Besides treatment, there must be the services of trained health workers in locating cases, bringing them to treatment, and interviewing . . . to break the chain of infection that threatens the entire community.



by Elizabeth B. McQuaid

Psychology, by William J. Pitt and Jacob A. Goldberg (New York, McGraw-Hill, 1954. 414p. \$4.50) is reviewed by Dr. Robert M. Goldenson of Hunter College's psychology department.

Many college students come away from their one course in psychology feeling they have learned more about the laboratory than about life. Readers of the Pitt-Goldberg text should have no such complaint.

Unlike the usual elementary book on psychology, it is not primarily concerned with laying theoretical and experimental foundations—though it does not neglect these—while "saving" the most practical and useful material for individual courses in social or applied psychology. Rather, the authors have carefully chosen material directly relevant to the student's life, present or future. Vividly and effectively written, this is one text that looks ahead to life and not merely to other courses.

Whole chapters contain up-to-date findings on human relations on the job, problems of the home and the development of a healthy and mature personality. In the early pages of the book are the fundamentals of psychology—motivation, individual differences, emotions and intelligence—integrated with applications to life.

Particularly effective examples of this integration are chapters on personality and family relationships; they focus on the actual growth of personality through parent-child relationships, typical reactions to conflict and psychosexual development. The authors relate sex education and sound social hygiene principles to the choice of a mate, courtship and marriage. They discuss frankly sex differences including those involved in adjustment to marriage, and stress the need for full preparation for marriage and parenthood. "Thought problems" at the end of these chapters bear directly on the student's own life, as for example—Make a list of psychological traits favorable to a happy marriage; Give your views on premarital sex experience.

This book fills an urgent need for a terminal-course text that integrates psychology with life . . . and fills it most successfully.

Whom God Has Joined, by Phyllis Cook Martin and Albert Martin, Jr. (1155 Murray Hill Avenue, Pittsburgh, Pa., Mr. and Mrs. Albert Martin, Jr., 1954. 154p. \$2.50) is reviewed here by Roy E. Dickerson, executive secretary of the Cincinnati Social Hygiene Society.

Two University of Pittsburgh professors have drawn on their classroom experience with students to produce this electrically typewritten, paper-bound book, which if set in ordinary type might have only half as many pages. Many distinctly academic and often technical words and phrases reflect the college atmosphere. "Vector-bourne" diseases, "corporate" philosophy, "optimum" care, "functional" sperms, for example, may be understood by some college students but make difficult reading at times for others.

Some errors in biology and physiology are vexing, but not major, matters. As a whole the book deals in a very wholesome way with love, courtship, engagement and marriage, and offers many practical suggestions. Some passages are beautifully written. The authors refer to but do not describe child-spacing techniques within the conscience of the individual and rightly insist on medical direction regarding them. The chapter on prudence, temperance, and charity presents, with many quotations from Catholic sources, what this reviewer understands to be truly the Catholic viewpoint—that one is not obligated "to procreate more children than he can hope to educate and rear healthily."

Repeated use of the term "sexual intercourse exclusive and unlimited" as a marital right is very inaccurate and unfortunate in the possible interpretation of the word "unlimited." A revision should eliminate this ambiguity.

Sex and the Nature of Things, by N. J. Berrill (New York, Dodd, Mead, 1954. 256p. \$3.50) is reviewed by Mrs. Fred McKinney, who wrote "A Parent Protests Against the Experts." Doctor Berrill is an embryologist and professor of zoology at McGill.

Whether your opportunities to observe nature are as large as all outdoors or limited to the geranium on the window sill, the tomcat on the fence and the pigeons on the grass, alas—Dr. Berrill's survey of sex (with emphasis on the nature of things) will deepen the meaning of all you see.

The author accomplishes with finesse and bland good humor the difficult task of translating the product of countless scientific studies (his own and others') into lay language. The sex behavior of every form of life is discussed, with the overall effect of presenting man as a part of evolving life—not the focus. The book provides a wealth of sound information on an important and absorbing subject, written with a delightfully light touch by an eminent researcher.

Dr. Berrill has included a list of books for further reading, an index and a number of his own pen-and-ink sketches which serve to illustrate certain points and to beautify the book. Engagement and Marriage, by Ernest W. Burgess and Paul Wallin (Philadelphia, Lippincott, 1953. 819p. \$5.50) is the educational counterpart of Courtship, Engagement and Marriage, the popular edition of the same study. Gerald R. Leslie, assistant professor of sociology at Purdue, reviews the book.

This book is essentially a report of a study of 1,000 engaged and 666 married couples. It illustrates how information obtained from persons before marriage can be used in predicting marital success or failure. The authors present their findings within a broad theoretical framework and supplement them with illuminating case material.

Among many factors studied are the premarital sex involvements and marital sex patterns of the couples. Forty-six percent of the couples reported having premarital intercourse. Most of the women had had intercourse with their future husbands only, half the men had intercourse with women other than their future wives. "It is not right" was the reason most frequently given for continence before marriage.

Substantial proportions of the married couples reported one or another kind of problem in sex adjustment. A moderate relationship was found between sex adjustment and marital adjustment, but the evidence did not indicate whether the relationship is one of cause and effect.

The book contains a wealth of detailed information on the relation between various background and personality factors and marital success.

How to Keep Romance in Your Marriage, by W. Clark Ellzey (New York, Association Press, 1954. 182p. \$2.95) is reviewed by Dr. Paul Popenoe, general director of the American Institute of Family Relations.

Unless you know the difference between romantic illusion and "the real thing," you won't make much progress, says Professor Ellzey. Love's young dream amid moonlight and honeysuckle is largely a product of the blocking of sex, and naturally changes after the wedding.

Something more permanent must take its place, something associated not with the blocking of sex but with the satisfaction of sex. This must be a "deliberate effort on the part of each to sense the needs of the other in all relationships and experiences" and to meet these needs. The author illustrates this with a detailed discussion not merely of the sexual side of marriage but also of the relation of money, in-laws and parenthood to permanent satisfaction. He discusses infidelity, "freedom" and the paramount importance of emotional maturity.

Professor Ellzey is a Methodist minister who has for many years devoted himself largely to marriage counseling and family life education, and now teaches this subject at Stephens College. He has written a useful book for a very large circle of readers.

London after Dark, by Robert Fabian (New York, British Book Centre, 1954. 237p \$2.95) is an account of London's underworld as seen by a vice squad chief. Paul M. Kinsie, ASHA's director of legal and social protection, reviews the book.

Never a dull moment in "London after Dark." Like most large cities London has more than its share of crime. Many nightclubs and pubs are stamping grounds for prostitutes and others of their ilk. Streetwalkers parade in Soho. Narcotics pushers, homosexuals, pimps, confidence men, thugs, highwaymen and other characters manage to snare the unsuspecting.

The author claims he had the names of every known prostitute in the city in his ledger. He dismisses in four words the reason why girls become prostitutes—"sheer laziness and vanity." Their patrons, in underworld parlance, are "mugs." (They are called "Johns" in America.) And pimps in the British glossary are "ponces" or "Johnsons."

A streetwalker pays at least \$20 to a particular ponce or group of ponces for the right to "work" or solicit in a specific locality. Interlopers, Fabian says, are dealt with roughly.

Administration of law in England cannot prevent streetwalking nor interfere with it unless the prostitute "solicits to the annoyance of passersby." In fact, she is never arrested for actual prostitution nor for soliciting, but only for behaving in such a way that she has made a man step off the pavement to avoid her, or has grasped his arm, or has halted him in his free and lawful passage along the street.

If Canada handled its prostitution problem the way England does, our northern border states would be free of prostitutes.

The book is worth reading, especially for those who enjoy authentic detective stories. It presents ample proof that "crime does not pay."

Progress in the Treatment and Control of Venereal Diseases, by R. V. Rajam (Madras, India, The Antiseptic, April, 1954. 12s.), has a fitting place in the golden jubilee number of India's journal of medicine and surgery.

After taking stock of what was known about VD in 1900, Dr. Rajam, who is director of the VD department in the Indian government's general hospital in Madras, traces the progress of VD control through the first half of this century. He discusses each venereal disease, stressing penicillin treatment.

He outlines WHO's achievements and pays tribute to the International Union against the Venereal Diseases and Treponematoses, which he notes has helped Europe develop VD control principles and stimulated public support for control. India, he finds, has yet to make long-range plans for VD control, as Europe and America have done.

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journal of SOCIAL HYGIENE

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About our cover . . .

Bartolomeo's Adoration of the Child. Ninth of a series of Journal covers.

Harriett Scantland, Editor Elizabeth McQuaid, Assistant Editor

THE JOURNAL OF SOCIAL HYGIENE

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Journal Becomes a Yearbook

After careful study and consideration, the American Social Hygiene Association's board has decided the association's interests will be best served by using a variety of media in carrying out a public information program, and with this issue is discontinuing the Journal of Social Hygiene as a monthly publication.

The Journal's long tradition and its value as a reference source for scientific and informational articles about progress in VD control, anti-prostitution activities, and education for personal and family living will be preserved in an annual publication, the first issue appearing in December of 1955. Reports on current social hygiene activities—national and local—will be taken over by an expanded Social Hygiene News. Also, ASHA's staff will make increased effort to encourage professional and popular magazines of wide circulation to publish articles about significant events in the social hygiene field.

In its 40 years the Journal of Social Hygiene did its share in improving the social climate in city after city. The magazine helped bring about better VD controls, and showed the way toward sound family life education in schools and community groups.

The ideals that animated the Journal are listed on the back cover. With the help of all the friends of social hygiene—among whom we count each Journal reader—ASHA will continue to work toward these goals.

Social Hygiene Leader Retires

On January 1, Janus, Roman god of the opposite faces—god of the household door, god of all beginnings—will cast a benevolent look at Miss Eleanor Shenehon. For on that auspicious day Miss Shenehon, ASHA's associate director and one-time editor of this journal, adds emeritus to her title and sets out upon a life of retirement.

And while it pleases Janus to look smilingly upon her future, he will simultaneously and just as approvingly look into her past. There he will see 17 years of service to social hygiene. He will see a deep concern for the nation's homes and families. He will nod and say, "These I have guarded too."

For Miss Shenehon has given much to this association. She has left an impress of balanced judgment and breadth of vision, of diverse interests and unerring perception. There is stimulation in her quick, facile speech, charity and wisdom in her writings, charm in her flashes of humor.

Most recently she has been engaged in a study of the current VD situation and in coordinating ASHA's anti-VD activities with those of other national organizations. To this activity she brought an aptitude for statistics and a knowledge of federal interrelationships. Less tangible but perhaps more telling have been her flair for working with people and her interest in their welfare.

On this occasion the Journal welcomes the opportunity to say for her many friends and associates a grateful "thank you" to Miss Shenehon. May she fare well in the years to come.

Notable Quote

"To the public health physician, statistics of morbidity and mortality are not merely digits from zero to 9; they stand for people who live in homes, work in fields, factories and stores, go to school and church, fall in love, marry, raise children . . . in short, people who have the same joys and sorrows we all experience in normal living.

"He knows these people and their problems.

"When the morbidity and mortality rates are lower, he pictures to himself hundreds of thousands of homes where a child still plays in the sunshine, or a father still protects and provides for his family . . . because public health services have succeeded in preventing disease and death."

—Walter Clarke, M.D. Executive Director Emeritus American Social Hygiene Association

Family life education at work in the community

by Curtis E. Avery

For a number of years, the E. C. Brown Trust's activities have enabled us to observe community family life education programs and to develop theories for their improvement. We have come to the conclusion that their success depends not so much on what services they offer but how well they are coordinated.

Coordination, we find, introduces factors beyond the services themselves . . . the work of parents and teachers, the support of the clergy, judges, newspapers, civic organizations and officials. On the periphery and sometimes in the forefront are the social workers, psychiatrists and counselors. "Outside experts" may come and go, but others are always on hand—the mental health associations, extension services, boards of health, welfare departments, foundations and councils on family life—ready to help by supplying books and booklets, films and filmstrips.

These are the resources available in most communities for family life education. When a program fails, there have usually been faults of leadership or faults of communication.

The leader (or the leadership team) in community family life education should be a source of constant stimulation, enthusiasm and new ideas as well as professional knowledge and skills which give intelligent direction to the program. The leaders, of course, cannot issue orders or commands, but they must control and coordinate. Their leadership must be firm but unobtrusive, even undetected if possible. It should be continuing, not merely for a year or so, but ad infinitum. And finally it depends on a really good staff, properly equipped and located as near the scene of operations as possible.

These are difficult qualifications to meet . . . and too frequently they are not met. Instead, leadership is apt to be tragically accidental. For instance, leadership may be assumed by someone with an overweening need for ego-satisfaction,

This article grew from a talk given by Mr. Avery at the annual meeting of the National Council on Family Relations in Oakland, Calif., July 9, 1954. His ideas about community family life education derive from four years' experience, chiefly with the Oregon Development Center Project in Family Life Education.

someone with a self-image of Messiah-like proportions and a sincere but nonetheless pathological drive to "do good." Such a leader is like an ancient military commander who left his troops in bivouac and went forth alone with sword and buckler.

If the community escapes this kind of leadership it may fall under the spell of a person who believes whatever is wrong can be cured by a simple home remedy. These are the leaders who organize vigilante squads to control exuberant juveniles, propose laws to punish parents for the transgressions of their children, advocate castration of sex offenders. Since they are not really interested in family life *education* they deserve no more consideration here, but a very close cousin of theirs does merit close inspection.

The narrow view

This is the person with a real capacity for leadership and with considerable knowledge and background, but so devoted to a particular profession that he can think only in its terms. Under him the most common program is one of offering "services"—child-guidance clinics, family counseling centers, opportunities for professional advice to local workers. Such services are, of course, essential . . . but relying on them (as many communities have) for the entire family life program is like withdrawing all the infantry and artillery from battle and sending the medical corps, armed only with hypos and bandages, to the front.

Occasionally a lay citizen peculiarly endowed with wisdom, training and enthusiasm becomes a real leader. Then one of three things is almost certain to happen:

- The leader grows tired of his responsibility and passes it on to a less able successor.
- He moves away, becomes ill from overwork or dies—and no successor at all has been developed.
- The program is so successful that it grows beyond his capacity to administer because of inadequate down-to-earth clerical and mechanical facilities.

Another kind of leader is the able "outside expert" who through a series of meetings, discussion groups or classes is able to develop a good program. But his leadership also is often merely temporary. When he is not personally directing operations or when he finds it necessary to abandon the community to go on to another, the program dwindles to desultory film showings or meetings.

The quality of leadership, then, is the most common cause of failure in community family life education. The next most common cause is faulty communication.



Curtis E. Avery—Colorado born, diversely educated at Pomona College, Columbia, Yale and Stanford. Air Corps officer during the war, now director of E. C. Brown Trust and University of Oregon professor of education.

There are several aspects of faulty communication in family life education. Sometimes the lines break down. For instance, the E. C. Brown Trust could have avoided weeks of fumbling in one community where our help was asked if we had known three other agencies were also working there . . . and none aware the others were involved.

A more usual source of trouble lies in the coding and decoding of messages. The ether is filled with dots and dashes easily read by anyone who knows International Morse, but the messages, although they appear to be "straight," are frequently themselves coded and the key is missing. The result is again lack of coordination, this time through misunderstanding.

In one Oregon community a youth council, which had met regularly for three years, was featured in the press for its "model program." Recent private talks with each member revealed that no two agreed about the council's purpose, function and activities. Here was an example of failure to understand the incoming and outgoing messages of the previous three years.

Another example of faulty communication through code difficulties is the term family life education itself. Save for the companion term sex education, no other phrase using the word education is so likely to produce an emotional reaction from the layman. Because some people don't have the key to this term they sometimes call it "immoral," "new fangled," "a waste of taxpayer's money" and "communistic." For five years in conducting classes and workshops for teachers and parents under the general heading of family life education—even when they were friendly and accepting—we have found no problem as great as explaining the meaning of family life education.

Professionals, too

Even informed people misunderstand the term. Professional people on occasion have asserted publicly and seriously that it is simply a euphemism for sex education . . . and others apparently believe it a synonym for mental health education or home economics.

The press furnishes another illustration of faulty communication. Last May, Bertram M. Beck of the U. S. Department of Health, Education and Welfare

addressed the National Congress of Parents and Teachers on juvenile delinquency. He made three suggestions for prevention:

- Informed talks with parents on child-rearing.
- Public assistance programs.
- Community moves to strengthen church and synagogue.

Commenting on this address, one newspaper said editorially:

"Whether advice on child-rearing would be effective is open to serious question. Many of the delinquents of today were raised 'by the book,' wherein psychology and other 'scientific' lore in large part replaced the loving affection and strict discipline of earlier generations. Public assistance, may be of help in poverty-stricken homes but it obviously would have no effect among the juvenile delinquents of the 'better' districts, the rise of which Mr. Beck himself pointed out. How to make churches attractive to the young is a difficult question, largely unsolved. Compulsory church attendance would tend in many cases to drive the youngsters away from these centers of good influence rather than attract them."

The editorial then proceeds to develop its own explanation for juvenile delinquency, with the implied solution in the realm of international politics: "So long as the cold war continues and threats of hot war disturb normal living, juvenile delinquency will flourish."

The editorial writer obviously had no key or the wrong key in decoding Dr. Beck's message. As a result, the next time we invite Mrs. Citizen Doakes to join the PTA study group she is apt to remember what the newspaper printed and say, "What's the use? It's up to Ike to get us out of the cold war."

These are two of the difficulties in building a community program for family life education, two of the most frequently encountered causes of failure—



Social aspects

faulty leadership and faulty communication. Of course, there are countless other obstacles and problems, but these are basic.

What it is

Now for the positive or constructive side of community family life education. First, communication. The fundamental problem is agreeing on the meaning of the term family life education. We can define it this way: Family life education involves any and all experiences in the home, community and school that help the individual develop to his fullest capacity as a present or future family member—experiences that equip the individual to solve most constructively the problems unique to his family role.

That definition is broad and clear. But in its very breadth it is a little disappointing. Let's see whether we can sharpen it.

Let's stipulate that family life education in a community means achieving the widest possible understanding—at the appropriate age levels—of the following:

- The nature and causes of human behavior and the development of personality (including child-rearing).
- The normal processes and stages of human growth and development.
- Sex, not only in its physical and physiological aspects, but also in its psychological and social aspects.
- The nature and function of the family in our society.
- Group and interpersonal processes and dynamics.

It involves also providing specific training for courtship, marriage and parenthood, and practical instruction in the home skills (including budgeting, buying, cooking and repairing) for both sexes. And finally it includes providing adequate facilities for therapy and counseling.

Family life education must include all of these. When we understand this, our communication will be improved.

But communication about family life education, and communication between those involved in it, will be inadequate unless all involved not only accept these aspects intellectually as parts of the whole picture but also acquire competency in the skills implied by them—especially the dynamics of relationships. Moreover, there must develop an emotional acceptance, a feeling of security and objectivity about all these facets of family life education.

This acceptance and security come best when family life education employs the so-called "workshop way of learning" and provides the permissive climate in which a person may ask and say what he will, working out meanings with his fellows rather than accepting them ready-made on authority. Feelings and emotions and attitudes are very near the surface in family life education and very much involved in communication. Slow and frequently discouraging as it is, the workshop method seems to me to offer the best way of bringing about understanding and adjustment.

Now for leadership, the real crux of the whole subject. Good leadership provides four elements . . .

- Stimulation, new ideas and enthusiasm.
- Professional knowledge and skills.
- Unobtrusive firmness.
- Continuity.

To these we have added two physical requirements:

- Proximity to the scene of operations.
- Adequate and properly equipped staff.

Leadership implies and involves organization and structure. Family life education in a community depends on national and state leadership that meets these standards.

Assuming—just for convenience—there is adequate national leadership, let us look at our states. Lack of coordination is their common fault. Mental health associations, extension services, state councils on family relations, foundations, and other state level agencies and organizations are liable to follow independent programs in the communities they serve, and lose the effectiveness united effort would give them.

Good state leadership should stem from a truly cooperative council of all state agencies engaged in any aspect of family life education. In the council room they can pool resources, criticize new ideas and work out basic philosophies. They can cut to a minimum the eager-beaver, hit-and-run, do-for-the-sake-of-doing kind of activity traditionally characteristic of many state programs.

More important, this council can view the entire theater of operations with perspective and know what is going on. Its chairman should possess qualities of leadership, and should not be closely associated or identified with any one agency.

As for the "outside experts"—they should have an opportunity to spend more time in fewer communities as real temporary leaders while local leadership teams are developing. It is essential that they become well known in the communities they serve and in turn know the communities intimately.

Their contributions are two-fold. In phase one they offer classes for parents, teachers and potential leaders. They consult with professional and semi-professional people in the community. And perhaps most important, since they are spending enough time in the communities to do so, they build rapport with local leaders and help them see the desirability of mutual cooperation. All this may require as much as two years' close attention to each community. In any one state, the "outside expert" serves only as many communities as he can handle efficiently . . . the rest have to wait their turn.

After laying this groundwork, the expert enters the second phase of his activities. Now he may return from time to time to a community—on request—to support special measures in emergencies. He brings with him, in addition to concrete materials, the advice and encouragement agencies need. When his mission is accomplished he leaves. It is a very real advantage to him to be able to return to a town that he knows intimately and that knows him equally well.

Although this suggested plan for developing leadership may not appeal immediately to community leaders, it has proved workable and good.

Keeping in mind all these requirements, think of the typical community and try to identify the occupations of the people most likely to meet our criteria. There appears to be no doubt that adequate leaders are most likely to be found in the schools. The individual may be the superintendent, a principal or a specially qualified teacher. Who else is so likely to have the professional background, the interest in children and the experience with them, the continuity of service, the staff and facilities—and who, not excluding even the parents, is as close to the actual scene of operations?



Men working



Basic to school leadership—the teacher

True, the schoolmen may not have the necessary enthusiasm, and their professional backgrounds and training may not be precisely adapted to family life education. But it will be the function of state agencies to instill the enthusiasm and to sharpen and reshape the professional training. It can be done. When it has been done, not only for the superintendent or other leader but for the majority of teachers likewise, the general level of teaching (quite apart from family life education) will be improved immeasurably.

Reaching the home

The work of the teachers will extend beyond the classroom and into the homes. Some teachers will conduct study groups for parents of children in their classes. Others will fill the need, always so strongly felt, for more study, group and discussion group leaders. And teachers will find ways of working directly with parents to reach those usually not touched by community family life education programs because they are not members of PTA's or churches.

The ramifications of this community leadership potential are intricate and far-reaching. The objections to it are many. There is not space here to anticipate them and deal with them all. However, there is one obvious objection which we should deal with now. We have apparently left out of our leadership scheme—in fact, left out of everything—the contributions of the churches, courts, welfare departments and civic groups like the PTA. So one final word about community leadership.

This plan does not allocate to the schools the *sole* responsibility for directing and administering the family life education program. Working with the schools and the school leader should be a community council representing the clergy, police, courts, welfare, PTA and all the other youth and family-serving agencies and civic organizations. The function of this community council is not to furnish direct service . . . it is to plan and guide.

Now, in closing, just a quick close-up of how we can build a workable program in community family life education. If the state council—through its experts who have worked extensively and long in the community—has oriented, trained and counseled the school leader and the teachers, what will be the program?

The schools, in contact with all children and many parents, will be responsible for these activities:

- Integrating in the classroom all the aspects of family life education listed earlier, in all grades.
- Providing special high school courses in courtship and home skills and in preparation for marriage.
- Counseling and working with pupils who have problems, and referring children in need of special treatment to other services.
- Working with parents individually and in groups.

The community council, inspired and gently guided by school leaders, will be responsible for these activities:

- Collecting and disseminating information about all community agencies offering services related to family life.
- Interpreting to the community—through newspapers, the churches, the library and other channels—the best that is known and thought about family life education.
- Planning meetings, forums, study groups and special training courses, using the services of teachers frequently and of organizations belonging to the council—and calling for support from the "outside experts" occasionally.
- Coordinating the entire community program to avoid costly and ineffective single-action projects . . . not by coercion but by the tact and skill in group activities of the council's leaders. This skill is basic to successful family life education.

Where military and civilian meet

With a focus on Boston

by Nicholas J. Fiumara, M.D.

My purpose is to examine the work of the Armed Forces Disciplinary Control Boards, particularly the New England board, which I have served as a civilian adviser since 1947.

My review of the board's activities will focus on three points . . .

- The board's organization and operation.
- Its relationship to other military and civilian agencies, and its role in the community.
- An evaluation of the work of the New England board to determine whether it is accomplishing its objectives.

Purpose and arganizatian

The original Armed Forces Disciplinary Control Boards, organized on October 14, 1946, were known as Joint Army-Navy Disciplinary Control Boards. They were formed to assist commanding officers in reducing and repressing conditions inimical to the morals and welfare of service personnel. In addition, they were to aid the Army and Navy in discharging their responsibilities under an eight-point agreement (between federal and voluntary agencies) on measures for controlling VD.

The order creating the joint boards—signed by the late Robert P. Patterson, then Secretary of War, and the late James V. Forrestal, then Secretary of the Navy—resulted in the formation of two types of boards, a Central Joint Army-Navy Disciplinary Control Board in Washington, D. C., and local boards throughout the country.

The central board had two objectives . . .

- To keep itself informed of the activities of the local boards.
- To recommend to the Army and Navy ways local boards can help improve conditions detrimental to the health and moral welfare of servicemen.

Though advisory, this board wielded considerable influence, as its member-ship indicates:

For the Army . . .

- Provost Marshal General
- Chief of Preventive Medicine

For the Navy . . .

- Assistant Chief of Naval Personnel (responsible for training and welfare)
- Chief of Preventive Medicine

On July 1, 1947, four members were added:

For the Air Force . . .

- Air Provost Marshal
- Chief of Preventive Medicine

For the Coast Guard . . .

- Chief of Military Morale
- Assistant Chief Medical Officer

The central board met at least once a month in Washington to examine condensed reports from the local boards. After appropriate consideration, it recommended general policy or action to local Army, Navy, Air Force and Coast Guard authorities. In addition, from its central vantage point this board was able to determine which problems common to all boards were amenable to general service directives. It could note the methods of the more successful boards and communicate them to others for consideration and adoption.

A source of administrative strength, it prevented the vacillations of more than one local board.

Unfortunately, the central board was scrapped when a new directive governing the Armed Forces Disciplinary Control Boards was issued on March 15, 1950. This was indeed a mistake. To compound the error, reports of local boards are no longer channeled even to their respective service departments unless the local authority considers a particular report of special interest to Washington.

The re-establishment of the central board is one constructive step which can be taken by the Department of Defense to protect the welfare and morals of the Armed Forces.

Local boards

The original boards consisted of four senior officers on duty within each board's jurisdiction and representing:

- Naval discipline
- Naval medicine
- Army provost marshal
- Army surgeon

Like the central board, the local boards were expanded on June 6, 1947, to include senior officers representing:

- Coast Guard discipline
- Coast Guard medical officer
- Air Force provost marshal
- Air Force medical officer

Under the directive of March 15, 1950, still in effect, there are local boards today in each Naval district, Coast Guard district, Army area, numbered Air Force and Continental Air Command, and in the headquarters command area of the Air Force. In addition, commanding officers of these areas may establish additional sub-boards as necessary.

The duties and functions of each local board are these:

- To meet in regular session at least once a month and as often in addition as required.
- To consider reports on improper discipline, prostitution, venereal disease, liquor violations, disorder, and other undesirable conditions affecting service personnel.
- To report to the various service commanders any such conditions found to be detrimental to the morals and welfare of servicemen and to recommend a course of action.
- To cooperate with civil authorities about problems within their control, in accordance with service directives.

- To recommend designated places off-limits or out-of-bounds after appropriate warnings to proprietors, and to recommend the removal of off-limits or out-of-bounds restrictions when conditions again become satisfactory.
- To report to appropriate commands on board meetings and recom-

It is obvious that the local boards are advisory but have quasi-judicial functions. It is their duty to collect and weigh reports—from both military and civilian sources—of conditions which may jeopardize the morals and welfare of service personnel.

Advisers

In addition to the eight officers composing the local board, local military personnel—both medical and disciplinary—as well as representatives of certain civilian agencies attend as advisers. The effectiveness of civilian advisers varies from board to board. In some, as for example the Boston board, several participate. In others the lack of civilian representation reflects on the board or the official health and protective agencies or both.

As one examines specific problems the local board considers, one sees they concern both military and civilian authorities. Efforts by the military to prevent and control these problems, including VD, are effective only to the degree that civilians coordinate their activity. While each group must assume responsibility in certain areas, their efforts should be integrated. Board meetings reveal whether military and civilian authorities are taking advantage of an opportunity to work as a team.



Through their union bartenders serve as special advisers to the board.

Teamwork, if it is to exist at all, must be founded on mutual respect and understanding of the similarity of goals. It is therefore imperative that civilians from voluntary and official health and protective agencies participate. At an absolute minimum there should be at each meeting representatives from the following:

- Official agencies . . .
 Health department (VD control and sanitation)
 Police (state and local)
 Fire department (prevention and safety)
 Licensing boards (state and local)
 Courts (juvenile and general)
 Probation officers (for juveniles and adults)
- Voluntary agencies . . .
 Churches
 Social hygiene groups (national and local)
 Red Cross
 Travelers Aid
 Catholic Youth Organization
 YMCA
 Chamber of Commerce
- Certain businesses (licensed beverages, brewers, restaurants, liquor stores)
- Labor (specifically union agents representing bartenders, hotel and restaurant employees)

This is a formidable array of civilian advisers. Each has a contribution to make . . . each is responsible to some degree for safeguarding servicemen during their off-duty hours.

The procedures of local boards differ widely. It seems this disparity is directly correlated with the degree to which military and civilian agencies cooperate.

In Boston

The Boston board (formed January 8, 1947) opens with an invocation by a military or civilian chaplain designated in advance. It proceeds then to a reading of the minutes and the decisions of the last meeting, and announces the agenda. At this point, guests and new civilian or military advisers are introduced.

The business of the board continues with reports on improper discipline, prostitution and VD. The state VD control officer presents his monthly report

of cases, civilian and military. The military cases are reported according to service, place of encounter, and place of exposure. Establishments named twice or more either as a place of encounter or place of exposure in any one month come up for the board's consideration. The board is particularly interested in juvenile VD contacts of the military and in the extent of prostitution and homosexuality.

Following the venereal disease reports, the Armed Forces police present data on liquor violations, including sales to minors, and infractions of the sanitary code.

As each report is presented, the board asks the advisers to comment. The board refers problems that come under civilian control to the appropriate representatives present—for example, legal infractions to the police; liquor violations to the police, licensing boards and the liquor industry's representatives; sanitary problems to the food and drug division of the health department. In addition, it notifies the proprietor of an offending establishment of conditions the board considers inimical to the welfare and morals of the Armed Forces. If the civilian agencies are not able to correct the problem the proprietor is invited to appear at the next board meeting to listen to the charges and to defend himself.

The next order of business concerns the places whose proprietors have been asked to appear before the board. The secretary reports the specific charges, what action was taken to correct the situation, and the resulting failure to do so. The military and civilian advisers may then offer additional information. Following this, the proprietor comes into the board room, listens to the charges and explains them. He may have a lawyer if he chooses. After his testimony, the board thanks him for coming and informs him that he will receive a copy of its decision. The board and advisers then discuss the matter. When all who have an opinion or comment have expressed it, the board deliberates and arrives at its decision. This may be:

- Not guilty . . . no action.
- Guilty . . . off-limits.
- Guilty . . . 30 days' probation.
- Guilty . . . a warning.
- Guilty . . . to be kept under surveillance.

A matter for discretion

Responsible military officers well understand the impact of an out-of-bounds order. It is a confession of failure . . . failure by the military to obtain a proprietor's cooperation, failure by civilian authorities to clean up an unsavory

situation. But an out-of-bounds order is necessary at times. It should, however, be judiciously used . . . only when all other efforts have failed. In exercising this drastic punishment the board must look to the ultimate good of the military and civilian community. While taking care of one problem, an out-ofbounds order may inadvertently create a worse problem elsewhere.

It is better that an enlightened board work with civilian authorities to help a proprietor find a satisfactory solution . . . better that the military give civilians time to set in motion the complicated wheels of justice . . . better that the military use its civilian advisers to prod the dragging feet of the enforcement agencies. And where the morals of servicemen are involved, never underestimate the suasive force of organized religious groups.

Where local boards are buttressed with civilian advisers an out-of-bounds order is an infrequent weapon. It is there to be used as a last resort.

These are the problems the Boston board considered from 1948 through 1953, and what it did about them:

Major	Under sur- veillance		Letter of Warning		Off					
Problem					Probation		Lin	Limits		Total
	No.	%	No.	%	No.	%	No.	%	No.	%
Venereal Disease	15	12.5	63	52.5	14	11.7	28	23.3	120	49.6
Sanitation	6	17.7	20	58.8	- 1	2.9	7	20.6	34	14.0
Teenagers	9	36.0	9	36.0	- 1	4.0	6	24.0	25	10.3
Sale of liquor to										
minors (military)	4	12.9	25	80.6	2	6.5	0	0.0	31	12.8
Riots	0	0.0	2	40.0	1	20.0	2	40.0	5	2.1
Uncooperative	- 1	16.7	1	16.7	0	0.0	4	66.6	6	2.5
Homosexuals	10	47.6	6	28.6	0	0.0	5	23.8	21	8.7
Totals	45	18.6	126	52.1	-19	7.8	52	21.5	242	100.0

The board gave a sympathetic ear to the problem of homosexuality but maintained a sound policy. It is unwise to have military personnel patronize establishments catering to homosexuals. The dangers of homosexual exposures are obvious. Equally undesirable are the fights and riots which almost invariably follow when servicemen and homosexuals meet.

How effective was the board in helping to control venereal disease among service personnel? It is hard to say. The graph gives a picture of our experience in Massachusetts with VD from 1942 to 1953. There are a rise in reported cases of VD among military personnel during World War II and a postwar decrease through 1950. Then with the onset of the Korean war, a 35% increase occurred in 1951 over 1950, a 63.9% increase in 1952 over 1950, and a 49% increase in 1953 over 1950.

He received his M.D. from Boston University's school of medicine. Now he lectures there and at Tufts' medical school, and directs VD control in Massachusetts.

Nicholas J. Fiumara, M.D.



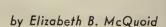
Assuming that the attack rate remained the same as in 1950, one would expect a greater increase in incidence during the war years, which brought at least a four-fold increase in the military population in Massachusetts. This has not occurred, and it can be attributed to joint civilian-military action, including the work of the Armed Forces Disciplinary Control Board of Boston.

Summary

Armed Forces Disciplinary Control Boards were organized in 1946 to protect the serviceman by reducing and repressing conditions inimical to his morals and welfare . . . specifically, improper discipline, prostitution, venereal disease, liquor violations and disorder.

Each board is composed of two representatives of each branch of the Armed Forces, one representing discipline and the other medicine. Each board is buttressed by civilian and military advisers. The problems it considers are not unique with the military but are the joint responsibility of military and civilian authorities.

These boards therefore represent a tremendous potential for good . . . good which can be realized only by the coordinated activity and joint participation of both military and civilian officials. The Boston board is an example of what can be done when military and civilian authorities join forces in working toward a common goal.





An Analysis of the Kinsey Reports on Sexual Behavior of the Human Male and Female, edited by Donald Porter Geddes (New York, Dutton, 1954. 319p. \$3.50) is reviewed by Dr. Maurice J. Korpf, consultant on family problems.

This "analysis" consists of a collection of reviews by well-known psychiatrists, educators and sociologists, and important contributions by an anthropologist, psychologist, theologian, marriage counselor, among others of note. In addition, the book contains several outstanding essays related to sex and human behavior by famous scholars and a selected bibliography on this subject—in themselves worth the price of the volume.

It is manifestly impossible to give even a sketchy outline of such a volume since it would have to be a "review of reviews." Suffice it to say that the serious student will find here penetrating and, on the whole, objective and dispassionate examinations of the positive and negative aspects of the Kinsey studies. The authors study critically their validity as tested by criteria derived from science and scientific method, as well as their effect on society.

One is almost tempted to say these commentaries are as important as the works they illuminate. The thoughtful reader—interested in social hygiene and in reforming some of our outmoded socio-sexual ideas, practices and codes—will find a careful perusal of this volume richly rewarding.

The Only Child, by Normo E. Cutts and Nicholos Moseley (New York, Putnom, 1954. 245p. \$3.50) informs parents of the special difficulties the only child foces and how to avoid them. Dr. Cutts is professor of psychology and education of New Hoven State Teachers College; Dr. Moseley has tought at Horvard and Radcliffe.

Onlies, more than other children, need opportunities for making friends and for growing in independence. The chapter on sex and marriage points out that if both parents assume responsibility for bringing up their child and urge him to have a heterosexual social life in his teens, there is little likelihood he will develop an undue attachment for the parent of the opposite sex that will interfere with a happy marriage.

Apparently Onlies must build their marriage just as everyone else must, with reason and determination as well as love . . . for the authors conclude that the problems of the Only do not differ appreciably from those of the rest of us.

Living with Parents, by Grace Sloan Overton (Nashville, Broadman, 1954. 138p. \$1.50) is reviewed by Mrs. Fred McKinney, who wrote "A Parent Protests Against the Experts" for the Journal. Dr. Overton, counselor for teen-agers, is on the Columbia and New York University faculties.

Dr. Overton's latest book is addressed to teeners, but it aroused so much enthusiasm in this parent that I asked a younger member of the family what her judgment was. It seemed improbable that a book directed to one generation could interest both. But this book does that difficult thing successfully. Both readers had the feeling of sitting in on a counseling session with a calm and sensible counselor—a session in which parent and child are drawn together into mutual understanding.

Believable cases dealing with vocational decisions, dating practices, the need for privacy, and other matters peculiar to the age and basic to much parent-child friction, introduce and illustrate the author's points. The youngster is sometimes right, sometimes wrong. . . the parent is sometimes right, sometimes wrong. No one is a consistent villain. The people and problems are those of your own family or of your neighbors'.

By thoughtfully reading Dr. Overton's book, parents and teeners will surely gain mutual insights into and acceptance of the others' viewpoints, motives and responsibilities.

Health for Effective Living, by Edward B. Johns, Wilfred C. Sutton, and Lloyd E. Webster (New York, McGraw-Hill, 1954. 473p. \$4.75) is based on a study of students and personnel in 33 colleges throughout the country. Arthur Kneerim, of the Metropolitan Life Insurance Company's health and welfare division, reviews it.

This adaptable college text includes not only the how and what and why of health education, but a demonstration of its precepts as well. Effective living is the theme throughout and the manner is refreshingly free from any taint of authoritarianism. Where attitudes are important, as in the excellent section on premarital sex adjustments, the student is presented with a clear, detached and accurate statement of the facts and then democratically left to make his own choice of a way of life. No preaching.

The student's needs and interests have shaped the ingeniously organized contents to cover such specifics of personal and public health as diseases, mental health, nutrition, first aid, safety, quackery, public health practices and services, and a description of how public health is organized from the community to the world level.

From the social hygiene point of view, the book merits a special "up" since approximately one-eighth of the text concerns sexual adjustment before marriage and in marriage, with another 20 pages on parenthood.

There are many apposite tables and illustrations as well as an ample index.

Building Yaur Life, by Judsan T. Landis and Mary G. Landis (New Yark, Prentice-Hall, 1954. 331p. \$4.00), a textbook far teen-agers, is reviewed by Elizabeth McHose, associate prafessor of health and physical education at Temple University.

The authors have realized admirably their objective of offering "in compact, usable form information and viewpoints that may help young people as they strive to make a healthy growth toward maturity in all their relationships: at home, at school and in the community."

The six parts of the text are comprehensive. "About you" centers on personality. "Learning to understand others" considers friendships, dating problems and social competencies. "Obligations" treats responsibilities at home, at school and in the community. "You and your family" focuses on interactions of members of the family and possible ways of solving the family difficulties of teen-agers. "Physical and mental health" includes leisure-time problems and wholesome ways of meeting them. "Growing up economically" discusses the significance of work as well as choice of vocation.

Well-documented tables and graphs should satisfy the teen-ager's perpetual "How do you know?" Each chapter contains a self-checking chart to help the pupil apply the content to himself, and closes with supplemental aids to enhance its usefulness to the teacher and challenge the student. The book abounds in attractive illustrations and cartoons.

This text was designed to help the beginning high school student. The six-part arrangement contributes to its flexibility, and as the authors suggest, any unit may readily be expanded to meet particular needs. The book would be very helpful also in schools which are in the process of integrating education for family living into the entire curriculum and which have to consider also the unmet needs of upperclass students who will never be reached by the program in its entirety.

The Adolescent in Yaur Family, by Marian L. Faegre (Washington, U. S. Gavernment Printing Office, 1954. 106p. 25¢) is the fifth Children's Bureau bulletin (Pub. 347) in a series cavering the prenatal period through adolescence. Dr. Ralph G. Eckert af the University of Connecticut reviews it.

This is another fine Children's Bureau publication for parents. The change of title from "Guiding the Adolescent" to "The Adolescent in Your Family" indicates the shift in emphasis from the directive treatment to the descriptive. Most of the illustrations reflect a family setting.

Mrs. Faegre discusses clearly and helpfully physical changes, breaking away from childhood, new responsibilities, companions, expected roles of boys and girls, adjustment to the other sex, emotional and health problems, and the parent's part in educational and vocational planning.

In view of the importance of sex problems, one might question whether the author gives parents enough help here. And too often references are alternately to boys and girls without indicating some of their basic differences in response. That physical readiness for parenthood precedes emotional and economic readiness receives only a mention. But isn't this a very important aspect of adolescence in our culture?

Parents will find this a warm and understanding bulletin, full of helpful suggestions promoting better feelings for their adolescents.

In-Laws: Pro & Con, by Evelyn Millis Duvall (New York, Association Press, 1954. 400p. \$3.95) is reviewed by Dr. Judson T. Landis. Dr. Duvall is a regional consultant to the American Institute of Family Relations.

This book is based on an analysis of 3,683 responses—75% from women—to a national network radio contest soliciting letters on "Why I Think Mothers-in-Law Are Wonderful People," and on responses from 1,337 other people asked to give brief information about the most troublesome in-law in their lives and the complaints they had about this in-law. Sixty of these people were interviewed.

No information is given on the ages and marital status of the 1,337 people who specified the villain in their in-law troubles. The fact that over half of them designated the mother-in-law suggests that the great majority were in the early years of marriage.

In discussing their comments and in drawing conclusions, the author overlooks an important aspect of in-law dynamics . . . the fact that much "in-law trouble" lies in the mind and personality of the one who is vocal about his in-law troubles and sensitive to what he feels to be in-law interference in his marriage.

The author attempts to draw conclusions about the incidence of in-law troubles by regions of the country and by religion—a seemingly unwarranted procedure because of the ways information was obtained (conclusions from radio listeners who volunteered). However, the content, on the whole valuable, should give the reader added insight into processes of interaction within families and interesting and varied information on the mother-in-law . . . from mother-in-law jokes to pointers on how to be a good mother-in-law.

Designed as a research report, the book contributes to our understanding of an important area of adjustment in marriage. Dr. Duvall did her best writing when she forgot the "research" and wrote from her experience and knowledge about in-law relationships. The last four chapters are especially good.

The Community and the Delinquent, by William C. Kvaraceus (Yonkers, N. Y., Warld, 1954. 566p. \$4.50) surveys the agencies concerned with delinquency, and reviews recent research. The author is on the faculty of Boston University. The reviewer is Henry J. Palmieri, director of social work for the District of Columbia's juvenile court.

If everyone interested in juvenile delinquency read this book, confusion and hysteria from a flood of investigations and publicity would lessen, concern would become more meaningful and understanding would increase. Understanding is basic to an integrated, coordinated approach to the problem locally and nationally.

Of particular interest to social hygienists are the chapters on reinforcing home and family life, and the central role of the schools. Various factors affecting the family—urban living, working mothers, family mobility and instability, materialistic values, the adolescent's prolonged economic dependence—increase juvenile delinquency, the author observes. For instance, the masculine role played by the working mother as the chief hreadwinner may interfere with the growing boy's identification and later heterosexual development; often the delinquent does not have an adequate father figure with which to identify.

Of the school Kvaraceus says, "Treatment of the subject of home and family in the various grades needs to be articulated into a steady, continuous and systematic treatment of the basic home and family problems common to all young people."

The first four chapters are alive with explanations, descriptions and data about delinquent hehavior. Of special interest are brief case studies and interpretations. The chapter on legal definitions and concepts is important because of the trend away from "specifically defined behavior descriptions." Opponents of this trend hold that it jeopardizes the child's legal rights; Dr. Paul Tappan calls it "legal nihilism." With the author's help, the reader can decide for himself.

Other equally informative chapters—on prevention, family life, the case study method, guidance clinics, group work, community action, police juvenile bureaus, institutions, juvenile courts, and the roles of the church and school—encourage understanding and the intelligent use of community resources. Several of these chapters help us sharpen our techniques for prevention as we shore up our overloaded corrective agencies.

The author works out necessary steps to insure a fair return to the community for the effort, skill and time it spends in controlling and preventing delinquency. He points out that "many child and welfare agencies have taken measures to strengthen the home by making parents define their own problems and seek out their own effective solutions." He explains clearly why he thinks the school's

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role in the community is central. Finding the churches' approach limited he indicates how they can take their rightful place alongside other social forces combatting delinquency.

Social institutions can do much to resolve the conflict in values that is created when some homes teach one pattern of behavior and schools teach another. Preserving a child's emotional, spiritual, physical and intellectual health depends on understanding his family's culture, his neighborhood's mores and his peers' standards.

The author clarifies what is involved in the individual handling of the delinquent and shows how treatment can be woven into a broad community pattern of integrated resources. This book will help bridge the gap—frequently long—between thinking and doing.

The Last Word



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